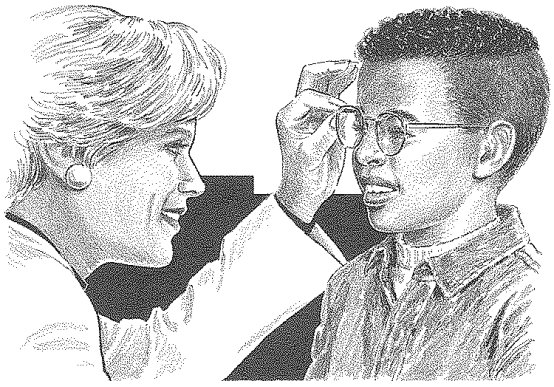


Manual for School Health Programs

June 2005

Missouri Department of Elementary and Secondary Education

D. Kent King, Commissioner of Education

IN COOPERATION WITH THE

Missouri Department of Health and Senior Services

Julia M. Eckstein, Director

Manual for School Health Programs

June 2005

◆ ◆ ◆

Missouri Department of Elementary and Secondary Education
in cooperation with the
Missouri Department of Health and Senior Services

Acknowledgements

We would like to thank the following Missouri school nurses for their assistance in the revision of this manual:

CAROL BAIOTTO, RN, Adair R-I
DANA BARTKOWSKI, RN, Wheaton R-III
JAN BROWNING, RN, BSN, District Nurse Consultant,
Missouri Department of Health and Senior Services
CAROLYN CISSELL, RN, Springfield Public Schools
RICHELLE CLARK, RN, BSN, St. Louis City Public Schools
EDITH FINKE, RN, Marion R-II
NANCY GAINES, RN, BSN, Kansas City Edison Charter School
CAROL GENERALLY, RN, Union R-XII
DIANE HERNDON, RN, Parkway Schools, Past President MASN
JUDY KUPFERLE, RN, BSN, School Health Services, Lutheran Schools of Missouri
REE SCHMITZ, RN, BSN, Manager School Partnership,
Cardinal Glennon Children's Hospital and St. Louis Archdiocese
RUTH WISDOM, RN, Windsor R-II

and from the Missouri School Boards Association:

SUSAN GOLDAMMER
KELLY HOPKINS

This manual is a revision of the *Manual for School Health Programs,* 2000, Missouri Department of Elementary and Secondary Education and Missouri Department of Health and Senior Services.

This manual may be accessed from the website www.dhss.mo.gov by clicking on "Health" and then "School Health."

Table of Contents

Recommended Policies and Procedures

Screening Program Recommendations and Standards

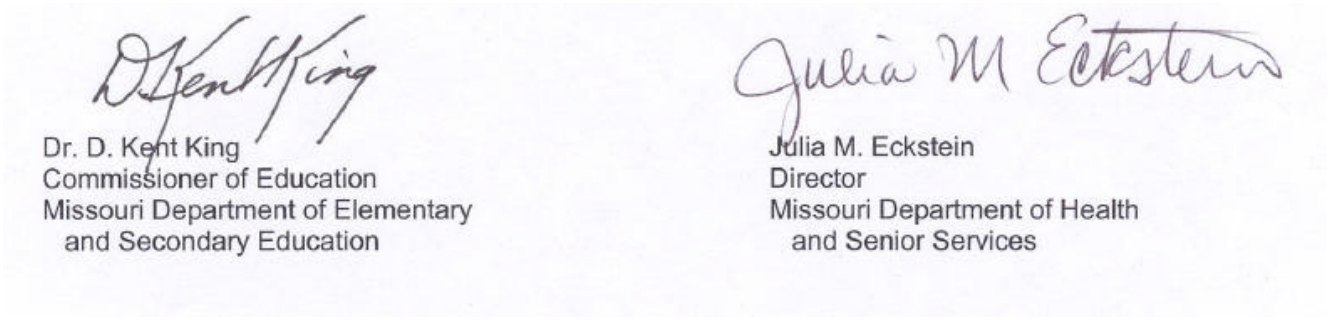
Special Health Care Needs: Administrative Guidelines

Foreword

Children need to be healthy to learn, and educated to be healthy. Health and education must continue to work together at the state and local levels to meet the health and educational needs of Missouri's children. This collaboration has never been more important.

Missouri has made a great deal of progress integrating health education and health-related services into the everyday school experience. Realizing there are a variety of individuals within the school setting and the community who can impact the health status of the student, the need for developing a coordinated school health program becomes obvious. No one individual can do it alone, but collectively a great deal can be accomplished.

This manual is a collaborative effort between the Missouri Department of Elementary and Secondary Education (DESE), the Missouri Department of Health and Senior Services (DHSS), and the Missouri Association of School Nurses (MASN). It should serve as a helpful tool for identifying priorities and developing school improvement plans, as well as assisting school nurses with program management. This revision is based on the 2000 Manual for School Health Programs, (DESE and DHSS), first developed in 1984.



Dr. D. Kent King
Commissioner of Education
Missouri Department of Elementary
and Secondary Education

Julia M. Eckstein
Director
Missouri Department of Health
and Senior Services

Coordinated School Health Program

INTRODUCTION

In 1987, Dr. Diane Allensworth from the American School Health Association and Dr. Lloyd Kolbe from the Centers for Disease Control and Prevention, articulated an eight component model for a comprehensive program, now known as the coordinated school health program (*Journal of School Health, 1987*). The guiding principle of the coordinated school health program (CSH) is that working in partnership with health agencies, community institutions, and families, schools and communities can create a seamless web of education and services that lowers the barriers to the learning experience for many of today's young people. (*Phi Delta Kappan Special Report, 1999*)

A school health program that effectively addresses students' health, and thus improves their ability to learn, consists of many components. Each component contributes in unique ways yet overlaps with other components in other ways.

Comprehensive school health education: Classroom instruction that addresses the physical, mental, emotional, and social dimensions of health, develops health knowledge, attitudes and skills, and is tailored to each age level. Designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors.

Physical education: Planned sequential instruction that promotes lifelong physical activity. Designed to develop basic movement skills, sports skills, and physical fitness as well as to enhance mental, social and emotional abilities.

School health services: Preventive services, education, emergency care, referral and management of acute and chronic health conditions. Designed to promote the health of students, identify and prevent health problems and injuries, and ensure care for students.

School nutrition services: Integration of nutritious, affordable and appealing meals, nutrition education, and an environment that promotes healthy eating behaviors for all children. Designed to maximize each child's education and health potential for a lifetime.

School counseling, psychological, and social services: Activities that focus on cognitive, emotional, behavioral, and social needs of individuals, groups and families. Designed to prevent and address problems, facilitate positive learning and healthy behavior, and enhance healthy development.

Healthy school environment: The physical, emotional, and social climate of the school. Designed to provide a safe physical plant, as well as a healthy and supportive environment that fosters learning.

School-site health promotion for staff: Assessment, education, and fitness activities for school faculty and staff. Designed to maintain and improve the health and well-being of school staff, who serve as role models for students.

Family and community involvement in schools: Partnerships among schools, families, community groups, and individuals. Designed to share and maximize resources and expertise in addressing the healthy development of children, youth, and their families.

Coordinated school health programs offer the opportunity to provide the services and knowledge necessary to enable children to be productive learners and to develop the skills to make health decisions for the rest of their lives.

--National School Boards Association (1995)

The success of a coordinated school health program depends largely on the effective integration of these eight components. If well coordinated, these components can have complementary and synergistic effects on the physical, mental, emotional, and social well-being of students, staff, and the community. (*Health is Academic, 1999*)

ESTABLISHING OR STRENGTHENING A CSH PROGRAM

Most schools have some or all of the eight components already in place but often the individuals responsible for each of the components work in isolation or only focus on their own program or role responsibilities. The following can lead to an effective coordinated school health program:

1. **Leadership**
   Leadership at both the school level and district level is critical for ongoing and consistent support of a coordinated school health program. Ideally, the school principal, the superintendent of schools, and one or more members of the board of education – the people who are committed to success for all children and who understand the importance of addressing the whole child – will be involved to some degree. At the district level, a person designated as the program manager or coordinator is needed for a successful program. This individual must be able to adequately present school health needs to the school board and community members while utilizing all resources and facilities in the community for fostering the health of school children. A program manager may be a school nurse, health educator, or personnel from the local health department who may be contracting for desired services. (See Appendix A.1 for *Suggested School Nurse Roles in Coordinated School Health Programs.*)

   The program manager's responsibilities include organizing the school health advisory committee or coalition, review and revision of policies, and enforcement of state laws regarding school health.

2. **Advisory Committee**
   A broad-based school district School Health Advisory Committee (SHAC) that includes students, parents, community representatives, and school staff should be designated to provide overall program guidance and support. The role of each advisory committee member should be one of active participation. The general functions of an advisory committee may include but are not limited to:
   - Fulfilling the statutory requirements of a Safe and Drug Free School Community Advisory Council, thereby bringing all aspects of school health under one advisory group;
   - Helping to gather information about local needs and resources;
   - Participating in the analysis of the needs and resources;
   - Developing a school health plan in conjunction with school officials;
   - Providing a forum for students, parent(s)/guardian(s), community and school health related concerns;
   - Facilitating linkages between school and community resources;
   - Acting as an advocate for the program and its participants;
   - Facilitating communication with groups interested in school health;
   - Helping to find funding sources; and
   - Assisting in program evaluation.

   Suggested members of a School Health Advisory Committee include, but are not limited to:
   - Students;
   - Parent(s)/guardian(s) of elementary, junior, senior high school students;
   - Community representatives (health, social services, legal, law enforcement, media, religious leaders, business and industry); and
   - School health team members that include those who represent or have responsibility for the eight component areas, i.e., school nurse, health coordinator, health teacher, home economics teacher, counselor/social worker/psychologist, building administrator, physical educator, food service personnel, first aid provider, and other support staff such as custodian or school secretary. (See Appendix A.2 for *Resources for School Health Advisory Committee*.)

3. Board Policies that are Supportive

In most districts, board policies already support various components of a coordinated school health program. With assistance from school staff, the School Health Advisory Committee can identify relevant policies within the district and ensure that clear procedures exist for implementing the policies at the school site. They can also suggest new policies if gaps exist and eliminate policies that are not being enforced and/or out-of-date policies. One way of ensuring that current policies are available to school staff, board members, students, and families is to develop and distribute a manual that consolidates school and district policies and procedures related to all aspects of a coordinated school health program.

4. Map of Existing School-Based and Community-Based Resources

Most schools have numerous elements of a coordinated school health program in place. Resource mapping is a technique that schools can use to depict what is currently in place in a school. The coordinated school health program model serves as a framework for thinking broadly and identifying duplications and gaps. (See Appendix A.3 for a *Sample Resource Map* listing both mandated and supplementary activities in a school district.)

The resource map illustrates that most health-related activities address more than one component of the coordinated school health model. (See Appendix A.4 for *Examples of Activities, Services, and Policies to Support a CSH Program*).

5. Needs Assessment

Assess all existing programs. (See Appendix A.5 for a *Sample Needs Assessment*). Other useful data might be obtained from health screening tests, i.e., blood pressure, physical fitness levels, vision and hearing, and computerized health risk appraisals. Local or regional data on pregnancy rates, incidence of sexually transmitted diseases, etc., can usually be obtained from the local or county health department. The *Youth Risk Behavior Survey (YRBS)*, administered by the Missouri Department of Elementary and Secondary Education (DESE) during odd-numbered years to randomly selected 9th-12th grade students, provides useful self-reported data about the six risk behaviors of adolescents contributing to the most morbidity and mortality.

1. Tobacco use;
2. Unhealthy dietary behaviors;
3. Inadequate physical activity;
4. Alcohol and other drug use;
5. Sexual behaviors that can result in HIV infection, other sexually transmitted diseases, and unintended pregnancies; and
6. Behaviors that may result in intentional injuries (violence and suicide) and unintentional injuries (motor vehicle crashes).

Another assessment tool now available from Centers for Disease Control provides an assessment of activities to address tobacco use, physical activity, nutrition services, and safety. *The School Health Index* tool is available to assess both elementary and secondary schools, and will eventually cover all six behavior areas. The *School Health Index* tool is available free of charge.

A tool to assess policies related to nutrition and physical activity, is provided by the National Association of State Boards of Education. This tool, *Healthy, Fit and Ready to Learn*, helps in developing policies that address these areas.

6. Programmatic Needs

The coordinator and the school health advisory committee can use the resource map and the different needs assessments to identify gaps in the school's health program and make decisions about how to strengthen or modify existing health-related efforts. They can prioritize the programmatic needs based on factors such as relative importance for academic achievement—resources required (professional development, funding, time requirements), number of students, family members, or staff that will benefit—and readiness of the school community.

7. Existing and Potential Sources of Funding

Coordinated school health programs need to be a part of the district's Continuous School Improvement Plan (CSIP), and budgeting. Some districts have been very creative in funding their programs. Examples of funding sources are:

Federal Funds

Safe and Drug Free Schools and Communities Funds (SDFSC);
Individuals with Disabilities Education Act (IDEA);
Children's Health Insurance Program which utilizes Medicaid funding for eligible children (MC+ for Kids);
Title II money for staff development/teacher training; and
Medicaid Administrative Case Management (ACM) or School District Administrative Claiming (SDAC).

State Funds

Technology grants;
Community resources such as school and business partnerships; and
Missouri School Children's Health Services Program.

Other

Grants from foundations or other sources.

8. Plan Development

Cooperative planning ensures the development of a single plan or shared vision, focusing primarily on outcomes, which reduces duplication and increases program effectiveness. Plans based on identified prioritized needs and available resources are usually more successful. In addition, effective plans include outcomes, strategies or activities for accomplishing outcomes, timelines for implementation, individuals to be involved, training needs, and needed resources.

The first step is to define the school health goals and objectives, which should be compatible with the school district's goals and objectives and aligned with the district's CSIP and student performance data.

- Program goals should be broad, general statements of what you hope to achieve during or by the end of the time frame of your plan.
- Objectives should be measurable, attainable, time-referenced statements with results related to the goals.
- Objectives should contain four major statements:
  What—change or event that is to occur;
  Who—the group in which the change or event occurs (target population, i.e., students, faculty, etc.);
  How much—the amount of change to occur (sometimes expressed in percentages or using the word "all"); and
  By when - the time or date by which the change or event will occur.
  Then select activities or strategies that will accomplish the goals and objectives.
  The next step is to develop a mechanism for evaluating how well the activities and strategies worked for accomplishing the goals and objectives.
  Finally, choose a format for the plan that will be most useful and usable.

Possible formats for the plan

- A formal Policy and Procedure Manual which includes all of the district's policies pertaining to school health, school health forms, sample letters to parents and health care providers, job descriptions, in addition to goals, objectives, activities and evaluations for each school year.
- (See Appendix B.1). A plan could be developed around the eight major areas of responsibility in a health services program:
  - Health Office Management
  - Health and Developmental Assessment
  - Emergency Care and Illness
  - Prevention and Control of Disease
  - Special Health Care Concerns
  - Safe and Healthy Environment
  - Health Counseling
  - Worksite Wellness

The district's CSIP plan format can be adapted to describe the health services plan, and how the plan is aligned with the district's goals and objectives.

9. On-going Evaluation

Evaluation is the process of gathering useful information to help make decisions. The goal of evaluation is to increase the likelihood that better decisions will be made. Evaluation is a process that simply begins by identifying meaningful questions that need answers. Evaluation must be concerned with both quantitative information (how much) and qualitative information (how good). Another way to define evaluation is the comparison of an object of interest against a standard of acceptability.

Evaluation is important for several reasons. Thoughtfully designed evaluation strategies will provide data about daily activities, management strategies, learning experiences, and community involvement (process evaluation), health knowledge, skills and behaviors of children and youth (impact evaluation), and longitudinal changes in health status indicators (outcome evaluation).

Types of Evaluation

Process Evaluation: Process evaluation activities enable school staff to gather information regarding the quality of services, learning and teaching, program implementation and other activities. The purpose of process evaluation is to enable school personnel to gather information regarding students, teachers, families, and community member perceptions of the quality of the program. Process evaluation instruments do not need to be complicated. Information can be used to improve services, instruct and support, modify existing strategies and programs, and reallocate staff and financial resources. Process evaluation should be ongoing and the data collected should be continually reviewed and used to improve programs.

Impact Evaluation: Evaluation activities to measure the impact of the program also need to be developed. Impact evaluations should be conducted on a regular basis. Examples of impact evaluation include:

- Pre- and post-tests to measure students' health knowledge and skills;
- Instruments that measure students' intent to practice healthy behaviors;
- Measures of health-related behaviors; and
- Periodic nutrient analysis of the food that students select in the cafeteria.

Impact evaluation collects data that measures the program's effectiveness in producing gains in knowledge and achievements in the health behaviors that the program targeted. Impact evaluation is based on the specific objectives developed. Annual reports on the program's impact on specific objectives should be prepared for the school board.

Outcome Evaluation: Improved health status outcomes are the intended goals of quality school health programs. Outcome evaluation measures changes in health status over a period of time—usually years. For example, if a program is successful in delaying the onset of, or reducing alcohol use among teenagers, you would expect:

- A reduction of injuries and deaths resulting from motor vehicle crashes;
- A reduction of unintended pregnancies and sexually transmitted diseases; and
- A reduction of injuries and death from violent acts.

School and community leaders need to understand the importance of any changes to health status indicators. For example, a community that can prevent ten unwanted pregnancies has saved hundreds of thousands of dollars and provided ten young women the opportunity to continue with their schooling and develop to their fullest potential. (Adapted from *Step by Step to Comprehensive Health, 1993*, and *Health is Academic, 1999*)

Suggested Steps for Developing Evaluation

- Based on the measurable objectives you have identified for the short- and long-term goals in your plan, list what will be evaluated (Example: Effectiveness of screening program will be evaluated.)
- Focus on the evaluation of a modest, manageable number of important program-relevant decisions. (Example: The number of students who are referred for a specific health deficit that receive care as a result of the screening.)
- Determine the standards of acceptability (Example: 85 percent referral follow-up rate.)
- Develop a timeline or work schedule for the evaluation part of the plan. (Example: All referrals will be returned by the end of the school year)

SUMMARY

Coordinated school health programs will be considered truly successful when there is full support and cooperation of appropriate agencies and organizations; when student mastery of grade-level outcomes and expectations—including demonstrated skill in analysis, problem solving, and decision making—is a reality; when demonstrations of energy, enthusiasm, and personal growth are commonplace among students, parents, and staff; when increasingly healthy lifestyles are measured in a reduction in health problems among students, parents, and staff; and when broad-based support for and participation in school health activities exists among students, parents, and staff.

Coordinated school health programs may vary according to community needs and desires, but effective programs share these common elements:

- They are carefully planned;
- They focus on modifiable risk factors that are known to be associated with health and the quality of life;
- They employ multiple methods and discipline approaches;
- They address identified needs and differences within target populations;
- Those receiving the program are important contributors in the planning and delivery process;
- Those responsible for the delivery of the program are competently trained; and
- They are evaluated regularly and revised or refined as needed.

Appendix A.1

Suggested School Nurse Roles in Coordinated School Health Programs

In a coordinated school health program, the nurse may provide the leadership or play a supporting role in any of the eight components. School Health requires a cooperative, collaborative school health team effort. The nurse's role is primarily as manager of the health services program. This list demonstrates some of the nursing activities that might be included in each area:

School Health Services

- Assess, plan, and implement coordinated school health services;
- Establish and maintain comprehensive school health records;
- Assess the health and developmental status of all students;
- Identify students with special health concerns and develop health care plans with students and families;
- Establish system to provide care for illness and injury;
- Establish system to provide for safe medication administration;
- Monitor communicable disease prevention and control program – establish and maintain immunization records, comply with state laws, rules and regulations regarding immunization requirements, exclusion of students with communicable diseases and reporting of designated diseases, and participate on advisory committee for students and staff with chronic infectious diseases;
- Determine priorities for screening programs, conduct screenings, make referrals and provide follow-up;
- Establish dental health programs as needed – education, fluoride rinse programs, and screenings;
- Serve as a clearinghouse for abuse and neglect reporting (if designated) and provide staff education; and
- Provide in-service education for school personnel on surveillance of health problems, communicable disease control, infection control, abuse and neglect reporting, etc.

Comprehensive School Health Education

- Establish resource files on health topics;
- Promote special health promotion observances, e.g., Dental Health Month;
- Participate on health curriculum committees to provide input regarding current health risks, types of health concerns of students, etc.;
- Support and reinforce health instruction goals and objectives; and
- Act as a resource to classroom teachers as a presenter on health-related subject matter.

Healthy School Environment

- Monitor school environment to identify hazards, and work to correct problems;
- Establish/monitor injury reporting system and ensure action is taken on preventable situations;
- Monitor emotional needs of students and staff;
- Develop and implement crisis intervention plans;
- Assure potential emergency needs of students with special health concerns are addressed; and
- Participate in disaster planning for schools and the community.

Physical Education

- Support efforts to increase cardiovascular activity during PE classes;
- Contribute information for designing adaptive PE programs for students with special health concerns;
- Provide information regarding physical activity and chronic disease conditions; and
- Collaborate with physical educators to meet PE program goals.

School Nutrition Services

- Encourage school breakfast programs;
- Monitor school food services menus for adherence to current Dietary Guidelines;
- Encourage presence of nutritious foods in vending machines;
- Discourage use of non-nutritious foods for rewards, fund-raising activities, etc.;
- Assist in education programs for school food services staff; and
- Assist in monitoring food preparation areas in regard to sanitation.

School Counseling, Psychological and Social Services

- Collaborate with counseling staff to identify students with actual or potential emotional health risks;
- Participate on interdisciplinary teams to provide input regarding students with health-related problems and take leadership for intervention when predominant problem is health-related; and
- Monitor absenteeism for possible health factors.

School-Site Health Promotion for Staff

- Maintain health records of employees and identify any potential emergency situations;
- Offer health education/health promotion activities based on health risk appraisal information;
- Provide monitoring of chronic disease conditions at the request of staff; and
- Offer immunization clinics and tuberculin testing as needed.

Family and Community Involvement in School

- Take leadership in developing/mobilizing community-based school health advisory groups;
- Network with community agencies to identify physical and mental health needs of children and families and collaborate to develop programs to meet the needs; and
- Participate on community-based advisory groups that address the problems of children and youth.

Appendix A.2

Resources for School Health Advisory Committees

School Health Index

A comprehensive assessment of school/district activities related to physical activity/nutrition, tobacco use prevention, and safety is now available free from Centers for Disease Prevention and Control (CDC), Division of Adolescent and School Health. Additional components to address asthma, sun safety, and sexual activity prevention will be added. The assessment tool is available for both elementary and secondary schools. The tool includes guidance for the assessment and for developing an action plan with which to address the results of the assessment. This is a group activity designed for a school health advisory council to determine how well the district is working together to provide a coordinated school health program. The tool can help improve the effectiveness of health and safety policies and programs in the district.

To obtain this tool, go to the Centers for Disease Control and Prevention website: www.cdc.gov/healthyyouth/index.htm or http://www.dhss.mo.gov/HeartandStroke/shi.html

Data for School Health Program Assessments

Local School Health Advisory Committees (SHACs) often need to find local, state and national data to determine priorities for action. For example, finding how their local/county data compares to state and national data regarding suicide rates, unwed teen pregnancy rates, or motor vehicle crashes will give them information for advocating for changes in health education content, or counseling interventions.

To access local/county and state data, go to DHSS website: www.dhss.mo.gov/MICA/Documentation.html At this site, you can click on Community Profiles, select the county and view data on a number of topics. At this same site, you can click on Publications and see Vital Statistics (state rates for pregnancies, sexually transmitted diseases, motor vehicle crashes, suicide completions, etc.).

At the DESE website: http://dese.mo.gov/divimprove/curriculum/index.html you will find the Health and Physical Education home page. There you can find state Youth Risk Behavior Surveillance Data, physical fitness data, Health Education Survey, as well as other resources.

For national data, the CDC website listed above will provide access to the national Youth Risk Behavior Survey Data, and the Global School-Based Student Health Survey.

There are many resource guides for implementation of school health advisory committees. A copy of a guide for SHACs can be downloaded from the DESE website as an adobe acrobat document at http://www.dese.mo.gov/divimprove/curriculum/hp/guide03.pdf or from the DHSS website under http://www.dhss.mo.gov/SchoolHealth/RelatedLinks.html

Appendix A.3

Sample Resource Map

	Coordinated School Health Program Component							
Activity, Service or Policy	**HED**	**PE**	**HS**	**NS**	**HPS**	**CPSS**	**HSE**	**FCI**
Skills-based health education curriculum (pre K-12)	•	•					•	
Health advocates/liaisons	•		•		•	•	•	•
Speakers from community agencies	•		•					
Theatrical performances	•							•
Names memorial quilt	•		•					•
Red Ribbon Week/World AIDS Day activities	•		•			•	•	•
Ropes courses, wilderness courses	•		•		•	•	•	•
Club Live/Friday Night Live	•						•	•
Professional development in health education	•	•						•
District-wide health services/screenings			•			•	•	•
Special education intake center			•			•	•	•
First aid manuals	•		•		•		•	
Awareness sessions on universal precautions	•	•			•		•	
School health center			•			•	•	•
Hepatitis B immunizations	•		•			•	•	
Computerized student health records			•					
Policy: use of tobacco, alcohol, and other drugs	•		•		•	•	•	•
Policy: anti-slurs	•						•	
Policy: sexual harassment	•				•	•	•	
Physical education curriculum (pre K-12)		•					•	
Physical fitness testing		•						
CPR training	•	•	•				•	•
Jump Rope for Heart	•	•						
Peer helper programs	•		•			•	•	•
Support services for gay/lesbian youth	•		•			•	•	•
Student assistance programs			•			•	•	•
Crisis response teams			•		•	•	•	•
Family peer educators	•		•	•		•	•	•
Police resource officers	•						•	
Breakfast and lunch program	•			•				
Employee assistance program	•				•			

Key:

HED = Health Education
PE = Physical Education
HS = Health Services
NS = Nutrition Services
HPS = Health Promotion for Staff (staff wellness)
CPSS = Counseling, Psychological, and Social Services
HSE = Healthy School Environment
FCI = Family and Community Involvement

Appendix A.4

Examples of Activities, Services and Policies to Support a Coordinated School Health Program

To support planned, sequential **health education**, a school might involve speakers from community-based agencies (e.g., American Heart Association, National Dairy Council, American Cancer Society, Department of Public Health) and participate in district-wide events (e.g., Great American Smokeout, Red Ribbon Week, World AIDS Day). Students might participate in health-related service learning opportunities (e.g., volunteering at community health agencies or youth-serving organizations, participating in Safe Kids Coalitions). After-school health-related activities and clubs offer positive alternatives to substance use and gang involvement.

To go beyond **physical education** classes that promote cardiovascular fitness through lifelong physical activity, schools can provide opportunities before, during, or after school hours for fitness activities, intramural programs, and interscholastic sports programs. Students might participate in other activities that promote physical activity such as Jump Rope for Heart or walk-a-thons. Some schools develop partnerships with health clubs to expand the facilities available to students and staff.

To support and enhance **school health services** that provide preventive services, education, emergency care, and management of health conditions, schools can host a health fair that offers cholesterol and diabetes screening, health risk appraisals, and health counseling. Schools or public health nurses provide immunizations and testing to students and staff (e.g., hepatitis B, tuberculosis, blood pressure, and cholesterol). Links to community providers strengthen referrals and case management.

To promote a **healthy school environment** that is conducive to learning, supports individual and family differences, and promotes personal growth, wellness, and health relationships, schools can adopt supportive policies and procedures. For example, some school districts have policies that address use of tobacco, alcohol and other drugs on school property; slurs on gender, race ethnicity, and sexual orientation; students and staff with HIV infection; preschool physical examinations; and sexual harassment. In addition, schools might have disciplinary policies, safe school teams, crisis response teams, injury prevention programs, or standard (universal) precautions awareness sessions designed to maintain a safe and supportive environment for teaching and learning.

To supplement the **counseling, psychological, and social services** that a school offers, schools can identify, assess, and refer students who need assistance to outside resources. In addition, many schools offer peer helper programs and individual and group counseling sessions for students and families. All school staff should receive training on recognizing and reporting child abuse and identifying students at risk for suicide, substance abuse, and other health-risk behaviors. Depending on local needs, some schools offer students opportunities to discuss health-related issues (e.g., Alateen groups, facilitated support groups) or provide student assistance programs. Through formal agreements, community-based agencies often provide counseling services to students and their families.

To offer a full range of **school-site health promotion for staff programs**, schools can provide awareness activities, health assessments, stress management and fitness activities, and health-related support services. Awareness activities might relate to good nutrition, fitness or weight control. Staff in every school can take training in first aid and CPR techniques. Schools can offer before- or after-school fitness, weight control, and aerobic programs for staff. Some districts offer employee assistance programs.

In addition to providing nutritionally balanced breakfasts and lunch reflecting the U.S. Dietary Guidelines for Americans, **school nutrition services** can serve as learning laboratories that support classroom nutrition education. In some health education classes, students examine menus for salt, fat, sugar and fiber content. Some children with special health needs require modified school meals. Many schools limit vending machine selections to healthy foods. As part of the school lunch, many schools offer salad bars and provide low-fat, low-salt, and low-cholesterol meals.

To address the diverse needs of students and their families, maximize resources and ensure that health-related messages are consistent in schools, at home, within the peer group, and in the community, schools involve **students' families and other members of the community**. Parents and other caregivers and community members can participate in school-based advisory groups and coalitions and often volunteer in the schools. Schools can offer parent(s)/guardian(s) and other caregivers opportunities to participate in health-related fairs. Community-based agencies often provide additional health-related activities for students and their families (e.g., engaging alternative programs such as rope courses, wilderness trips, sailing trips, theatrical performances to enhance the educational program, facilitated support groups, and linkages with clinics).

--Health is Academic, 1998

Appendix A.5

Coordinated School Health Program Needs Assessment

Component 1: Comprehensive School Health Education

Consists of a planned, sequential, pre K-12 curriculum that addresses the physical, mental/emotional, and social dimensions of health (e.g., nutrition, prevention of alcohol/drug use, injury prevention/safety, personal health and fitness, disease prevention and control, etc.).

1. How does your school/district implement health education? (Check all that apply.)

Elementary
- ☐ Health is a separate subject
- ☐ Integrated into science
- ☐ Integrated into physical education
- ☐ Other (please describe) _____

Middle School/Jr. High
- ☐ Health is a separate subject
- ☐ Integrated into science
- ☐ Integrated into physical education
- ☐ Integrated into family & consumer science
- ☐ Other (please describe) _____

2. **High School**
- ☐ Health is a separate subject
- ☐ Integrated into science
- ☐ Integrated into physical education
- ☐ Integrated into family & consumer science
- ☐ Other (please describe) _____

3. Does your school/district implement a *written* health curriculum for any of these grade levels?

☐ No, we do not have a *written* health curriculum

Yes (check all that apply) ☐ K-3 ☐ 4-6 ☐ 7-9 ☐ 10-12

4. Do you evaluate the effectiveness of your school/district's health curriculum?

Changes in knowledge	☐ Yes	☐ No
Changes in attitude	☐ Yes	☐ No
Changes in behavior	☐ Yes	☐ No

5. Does your school/district have requirements for the length of time that health instruction must be provided?

☐ Yes ☐ No

Grade	Amount of Time
☐ Elementary	____ Hours/semester
☐ Middle School/Jr. High	____ Hours/semester
☐ Sr. High School	____ Hours/semester

6. Does your school/district require a health education course that must be successfully completed before students graduate from high school?

☐ No ☐ Yes In what grade(s)? _____

7. Does your school/district have a designated budget for health instruction materials and resources?

☐ No ☐ Yes (Annual amount) $ _____

8. In your school/district, who is primarily responsible for health instruction? (*Check all that apply*)
   - ☐ School nurse
   - ☐ Classroom teacher
   - ☐ Physical Education teacher
   - ☐ Health educator
   - ☐ Science teacher
   - ☐ Family & Consumer Science teacher
   - ☐ Community health nurse
   - ☐ Other _____

9. Does your school/district have a budget for in-service health education training for teachers/school personnel?
   ☐ No ☐ Yes (Annual amount) $ _____

Component 2: School Health Services

Focuses on prevention and early intervention, including the provision of emergency care, primary care, access and referral to community health services, and management of chronic health conditions. Services are provided to students as individuals and in groups (e.g., immunization, management of students with asthma/diabetes, fluoride dental rinse programs, vision, and hearing screening, etc.)

10. Is a school nurse employed by the school/district?
    ☐ No
    ☐ Yes How many hours of health services are provided in your building(s)?
    _____ daily _____ weekly _____ monthly

11. What is the nurse-to-student ratio? (recommended one nurse full-time per 750 students) _____

12. Do you have a Policy and Procedure Manual that addresses the following school health services?

Confidentiality of health records	☐ Yes	☐ No
Immunizations	☐ Yes	☐ No
Administration of first aid	☐ Yes	☐ No
Special health care needs	☐ Yes	☐ No
Administration of medications	☐ Yes	☐ No
Health screenings	☐ Yes	☐ No

13 a) Do you evaluate the effectiveness of your school/district's health services?
   ☐ Yes ☐ No
   If so, what methods are used? _____
   b) How often do you evaluate this component? _____

Component 3: Nutrition Services

Provides access to a variety of nutritious and appealing meals, an environment that promotes healthful food choices, and support for nutrition instruction in the classroom and cafeteria (e.g., meets the needs of students with special nutritional needs, vending machines offer healthy food, inservice nutrition education provided for food service personnel, etc.).

14. Does your school/district have both a breakfast and lunch meal program?
    ☐ Yes ☐ No, only lunch

15. Does the food service program in your school/district implement the USDA dietary guidelines?
    ☐ Yes ☐ No

16. a) Are the school cafeterias and kitchens used for field trips and student learning laboratories?
☐ Yes ☐ No
b) If no, would your school be willing to permit this?
☐ Yes ☐ No

17. a) Do the food service directors in your school/district act as a resource for supplemental education?
☐ Yes ☐ No
b) If no, would they be willing to?
☐ Yes ☐ No

18. Do vending machines in school buildings offer healthful foods such as fruit, fruit juices or yogurt?
☐ Yes ☐ No

19. a) Do you evaluate your school/district's nutrition services?
☐ Yes ☐ No
b) If so, what methods are used? _____
How often do you evaluate this component? _____

Component 4: Healthy School Environment

Addresses both the physical and psychosocial climate of the school (e.g., emergency procedures for bomb threats, natural disasters, etc.; policies and procedures on tobacco use; sanitation, lighting, noise control, etc.)

20. Does your school/district have a *written* tobacco-free policy which includes both smoking and smokeless tobacco?
☐ No policy at all
☐ No, policy only includes smoking tobacco
☐ Yes, for students only
☐ Yes, for staff only
☐ Yes, for both students and staff
☐ Yes, prohibits smoking on school premises for all, including community

21. Does your school/district have a written drug-free policy?
☐ No policy at all
☐ Yes, for students only
☐ Yes, for staff only
☐ Yes, for both students and staff

22. Does your school/district have a *written* policy for the reporting of unintentional injury?
☐ Yes ☐ No

23. a) Does your school/district have designated staff in each building who have been trained to administer first aid?
☐ Yes ☐ No
b) Designated staff to administer CPR?
☐ Yes ☐ No

24. Are all staff who are designated to administer first aid also CPR certified?
☐ Yes ☐ No

25. Does your school/district have a *written* plan for exposure to body fluids?
☐ Yes ☐ No

26. Is the school staff annually inserviced regarding standard precautions for prevention of exposure to blood-borne pathogens?
☐ Yes ☐ No

27. Are your school/district's playground and sports equipment regularly inspected for safety hazards?
☐ Yes ☐ No

28. Is your school/district free of asbestos and other toxic agents?
☐ Yes ☐ No

29. Does your school/district have a *written* Emergency/Disaster Plan?
☐ Yes ☐ No

30. a) Do you evaluate the effectiveness of your school/district's healthy environment policies and practices? ☐ Yes ☐ No
If so, what methods are used? _____
b) How often do you evaluate this component? _____

Component 5: Counseling, Psychological, and Social Services
Includes school-based interventions and referrals to community providers (e.g., interaction with students concerning divorce, substance abuse, career plans, problem-solving training, peer helper programs, etc.)

31. What is the counselor/student ratio in your school/district? _____

32. What are the top three primary responsibilities of counselors in your school/district? (*Please list below*)
_____
_____

33. Does your school/district have a student assistance program with counselor involvement?
☐ Yes ☐ Yes, counselor not involved ☐ No

34. Have student leaders in your school/district been trained and organized to provide peer counseling?
☐ Yes ☐ No

35. a) Do you evaluate the effectiveness of your school/district's counseling, psychological, and social services?
☐ Yes ☐ No
If yes, what methods are used?_____
b) How often do you evaluate this component? _____

Component 6: Physical Education

Planned, sequential, K-12 curriculum promoting physical fitness and activities that all students can enjoy and pursue throughout their lives (e.g., includes lifetime physical activities such as tennis, swimming, individual exercise, etc.)

36. How many high school physical education credits does your school/district require for graduation?
☐ None ☐ 2 credits ☐ 4 credits
☐ 1 credit ☐ 3 credits ☐ Other _____

37. How many minutes per week are elementary and junior high/middle school students in your school/district required to take physical education classes?

Elementary	**Middle School/Jr. High (7th & 8th grade)**
☐ No requirements	☐ No requirements
☐ Requires _____ minutes/week	☐ Requires _____ minutes/week
☐ What grade(s)? _____	☐ What grade(s)? _____

38. Are separate courses in adaptive physical education offered to children with special health care needs?
☐ Yes ☐ No, children are mainstreamed.

39. Does your school/district have a *written* Physical Education Curriculum Guide?
☐ Yes ☐ No

40. a) Do you evaluate the effectiveness of your school/district's physical education curriculum?
☐ Yes ☐ No
If yes, what methods are used? _____
b) How often do you evaluate the curriculum? _____

Component 7: Staff Health Promotion

Provides health assessments, education, and fitness activities for faculty and staff, and encourages their greater commitment to promoting students' health by becoming positive role models (e.g., exercise classes, routine screenings, stress management classes, counseling services, etc.)

41. Does your school/district have a wellness program for faculty and staff that includes any of the activities below? (Check all that apply.)

☐ Health screenings	☐ Computerized health risk appraisals
☐ Fitness, aerobics, walking	☐ Nutrition/weight management
☐ Stress management	☐ Smoking cessation
☐ Drug/alcohol abuse prevention	☐ Health awareness presentations
☐ Other _____	☐ None of those listed

42. Does your school district have an employee assistance program (EAP) for faculty and staff? (e.g., assistance in dealing with problems such as marital/family stress, financial, parenting, etc.)
☐ Yes ☐ No

43. Does your school/district have a *written* absenteeism policy that rewards coming to work instead of taking days off?
☐ Yes ☐ No

44. Are the health needs of your school/district faculty and staff assessed?
☐ Yes ☐ No
If yes, how often? _____

45. a) Do you evaluate the effectiveness of your school/district's staff health promotion program?
☐ Yes ☐ No
If yes, what methods are used? _____
b) How often do you evaluate this component? _____

Component 8: School Community and Parent/Guardian Involvement

Engages a wide range of resources and support to cooperatively focus attention on student health issues (e.g., school buildings available as sites for recreation, services and community activities outside school hours; students have opportunities to engage in community service; parent/guardian education programs on health topics are routinely offered, etc.)

46. Does your school/district currently have a school health advisory council?
☐ Yes ☐ No

If yes, what individuals are represented?

☐ Health educators
☐ Health services (school nurses, doctors, etc.)
☐ Food service staff
☐ Guidance and counseling staff
☐ Community health personnel
☐ Business representatives
☐ School administration
☐ Physical educators
☐ Parent(s)/guardian(s)
☐ Students
☐ City officials
☐ Other _____

47. Does this health advisory council specifically address school health issues?
☐ Yes ☐ No If no, what other issues does the council deal with?
_____

48. Does your school/district sponsor health education programs for parent/guardian?
☐ Yes ☐ No
If yes, what topics are offered? _____
How often? _____
How were needs assessed? _____

49. a) Do you evaluate community and parent/guardian involvement regarding student health issues?
☐ Yes ☐ No
If yes, what methods are used? _____
b) How often do you evaluate this component? _____

Note: This type of assessment provides valuable information to the school/district and enables them to identify priority areas to address.

Supplemental Question

50. What do you perceive to be your greatest barriers to fully implementing coordinated school health programs? (*Check all that apply*)

Lack of Resources

- ☐ Textbooks
- ☐ Audiovisual materials
- ☐ Curriculum guides
- ☐ Models
- ☐ Computer software
- ☐ Other (*please specify*) _____

Lack of School Personnel

- ☐ Health education specialist
- ☐ Counselor
- ☐ School food services staff
- ☐ Nurse
- ☐ Physical education teacher

Lack of Workshops/Inservice Training for Personnel

- ☐ Classroom teachers
- ☐ Physical education teachers
- ☐ Food service staff
- ☐ School nurses
- ☐ Counselors
- ☐ Other (*please specify*) _____

Other (please specify)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Missouri School Improvement Program: Preparing for On-Site Visit

INTRODUCTION

The Missouri School Improvement Program (MSIP) is designed to promote excellence in the public schools of the state. The State of Missouri has a dual responsibility for the quality of education provided its citizens. First it must ensure that all schools meet certain basic standards. Second, it has a responsibility to see that the schools continue to strive for excellence in an increasingly competitive world. The Missouri School Improvement Program incorporates these two responsibilities.

The Department of Elementary and Secondary Education (DESE) provides a document of standards that outlines the state's vision and expectation for a quality school. Expectations are described in a non-prescriptive way so each school district has the flexibility and responsibility to explain how it provides quality education. It is against these standards that judgments will be made about the quality of district programs and what steps need to be taken to move to the highest level of excellence.

The standards are organized in three sections: **Resource Standards**, **Process Standards and Performance Standards**. In general, **Resource Standards** are concerned with the basic requirements that all districts must meet. They are generally quantitative in nature. Some standards are appropriate for all districts. Other standards need to be tailored for districts in different contextual settings. Dual criteria are used in comparing districts with "minimums" determined by the State and what is deemed "desirable" as determined by research and/or professional judgment.

Process Standards are concerned more with the instructional and administrative processes used in schools. They include standards on Instructional Design and Practices, Differentiated Instruction and Supplemental Programs, and School Services. Each of the Process Standards incorporates multiple criteria and cannot be easily quantified. Therefore, assessment of the Process Standards is accomplished through an onsite review by a team of trained observers.

Performance Standards include thirteen measures of student performance in five areas. The standards against which all school districts will be assessed include academic achievement, reading achievement, ACT achievement, career preparation, and educational persistence. Information on these standards is collected annually and analyzed as part of the evaluation process.

An important component of the MSIP is the district's Comprehensive School Improvement Plan (CSIP). This plan will guide the district in decision making about the Resource and Process Standards that should lead to higher student performance.

-- Missouri School Improvement Program:
Integrated Standards and Indicators Manual, July 2001

While the State Board of Education and the Department of Elementary and Secondary Education have a legal mandate to evaluate and classify public schools, the goal of the MSIP process is to promote school improvement within each district and on a statewide basis.

– Dr. D. Kent King,
Commissioner of Education

School Health Services Plan

There are MSIP standards that are applicable to a Coordinated School Health Program throughout the MSIP Standards and Indicators Manual (see Appendix, B.1). However, MSIP does not require the implementation of a coordinated school health program, but does require that the district documents how it is providing school health services. The standards and indicators that are directly related to School Health Services are located in the School Services section of the *MSIP Standards and Indicators Manual*.

In preparing for the onsite visit and as part of the self-study, the district will be required to provide documentation for the following indicators:

1. The district has developed and implemented a program for school health services which includes goals and objectives, service activities and an evaluation design.
   - The district has a *written* health services plan and health care services which include goals and measurable objectives aligned with the district's Continuous School Improvement Plan (CSIP) and student performance data program;
   - Evaluation criteria and procedures;
   - Board-approved *written* policies on the administration of medication, contagious and infectious diseases, immunizations for school children, confidentiality of health records, and child-abuse reporting;
   - Procedures for first aid and emergency care (including accident-reporting procedures and records of students served);
   - Procedures for maintaining up-to-date cumulative health records including immunization records and emergency contact information;
   - Procedures for providing comprehensive health screenings, making referrals for identified health problems, and sharing information with parent(s)/guardian(s); and
   - Procedures for monitoring students' chronic health problems and for developing strategies to address such problems to ensure individual students academic progress.

2. The health services plan and program is reviewed by a registered nurse and/or consulting physician annually.

3. Program improvement strategies have been identified and implemented (CSIP).

Districts that adopt the coordinated school health program model may choose to develop a plan for all eight components. This plan can serve as the School Health Services Plan for MSIP requirements. Otherwise, a plan for only the School Health Services Component should be developed (See Appendix B.2 for a *Sample School Health Services Plan*).

The school nurse can play a key role in developing a plan that meets the needs of students and staff and also meets the MSIP requirements. The School Health Services Plan must be developed and then reviewed annually by a registered nurse and/or consulting physician because needs are constantly changing; therefore, the plan needs to be reviewed and revised appropriately to address those changing needs.

Appendix B.1

Missouri School Improvement Program (Selected Standards and Indicators Related to Coordinated School Health Programs)

Resource Standards

Program of Studies

1.1 **Elementary** (typically self-contained) – Each elementary student receives regular instruction in reading, language arts, mathematics, science, social studies, comprehensive health, art, music and physical education. In K-8 elementary schools, students will have access to a total of four exploratory classes.

1. Each elementary student will receive instruction in reading, language arts, mathematics and science, social studies, comprehensive health (including tobacco, alcohol and other drug prevention, and HIV/AIDS prevention education), and career awareness education. Instruction in each of the core areas will reflect the Show Me Standards.

2. Each elementary student will receive instruction in art, music, and physical education for a minimum of 50 minutes in each area each week (25 minutes in each area for half-day kindergarten classes). These classes shall be taught by teachers certificated in these fields.

1.2 **Junior High/Middle School** (typically departmentalized) – Each junior high/middle school student will receive regular instruction in language arts, mathematics, science, social studies, career education, health and physical education and will have access to art and music plus four exploratory classes. Students in grades 7-8 will have regular instruction in United States and Missouri Constitutions and American History.

2. Physical education is scheduled and taught to all students for a minimum of 3,000 minutes each year and health (including tobacco, alcohol and other drug abuse prevention education, and HIV/AIDS prevention education) and safety education is scheduled and taught to all students for a minimum of 1,500 minutes each year.

1.3 **High School** – Each high school has a current minimum offering of at least 40.5 units of credit, with sufficient sections in each course to meet the needs of all students in grades 9-12 and the state high school graduation requirements. These courses may be distributed as follows:

	Minimum	**Desirable**
Physical Education	1.0	2.0
Health (includes tobacco, alcohol and drug prevention, and HIV/AIDS prevention education)	0.5	1.0

Process Standards

Instructional Design and Practices

6.6 The schools are orderly; students and staff indicate they feel safe at school.

6.7 Professional development is an integral part of the educational program and all school improvement initiatives.

2. For all staff members, professional development is an integral part of their job responsibilities and expectations.

Differentiated Instruction and Supplemental Programs

7.1 Comprehensive services for all resident children with disabilities, as required by The Individuals with Disabilities Education Act (IDEA) and Chapter 162, RSMo, are an integral component of the district's educational program.

3. The district ensures that all students with disabilities receive appropriate supports, services and modifications (including related services, assistive technology, and positive behavioral interventions) to address their individual needs.

School Services

8.1 At least biennially, the district reviews the goals and objectives of each program and service; receives reports of the effectiveness of each program and service; and takes action to ensure that these programs efficiently achieve their goals.

8.2 The district has an ongoing, written Comprehensive School Improvement Plan (CSIP) which directs the overall improvement of its educational programs and services.

8.9 Facilities are healthful, adequate in size, clean, well maintained, and appropriate to house the educational programs of the district.

8.10 The district's facilities are safe.

1. Safety and emergency devices are in place and operational.

2. Staff members and students are trained in the safe and proper use of all safety and emergency devices, where applicable.

3. The district has developed, implemented, and documented safety procedures, which include:
   - Safety inspections for buildings and grounds;
   - Appropriate safety/emergency drills;
   - A reporting system for accidents; and
   - Security and crisis management plans for each building.

8.11 The district has developed and implemented a program for school health services which includes goals and objectives, service activities and an evaluation design.

1. The district has a *written* health services plan and health care services, which include:
   - Goals and measurable objectives aligned with the CSIP and student performance data;
   - Program evaluation criteria and procedures;
   - Board-approved *written* policies on the administration of medication, contagious and infectious diseases, immunizations for school children, confidentiality of health records, and child-abuse reporting;

- Procedures for first aid and emergency care (including accident reporting procedures and records of students served);
- Procedures for maintaining up-to-date cumulative health records including immunization records and emergency contact information;
- Procedures for providing comprehensive health screenings, making referrals for identified health problems, and sharing information with parent(s)/guardian(s);
- Procedures for monitoring student's chronic health problems and for developing strategies for addressing such problems to assure individual students' academic progress.

2. The health services plan and program is reviewed by a registered nurse and/or consulting physician annually.

3. Program improvement strategies have been identified and implemented.

8.12 School food program is available which makes at least one nutritionally balanced meal available to all students each day in accordance with the Federal and State Child Nutrition Program regulations and guidelines.

8.13 Safe and efficient transportation to and from school is provided in compliance with Missouri statutes, regulations, and local board policy.

Educational Persistence

10.1 Education Persistence – the percentage of students who persist in their effort to complete an educational program increases or is maintained at high level.

1. The percent of students who drop out of school is at a low level or is decreasing.

2. The percent of the district's students who are in regular daily attendance is at a high level or is increasing.

(Excerpted from *Missouri School Improvement Program: Integrated Standards and Indicators Manual, Third Cycle, 2001 DESE.* These standards will be revised in 2006.*)*

Appendix B.2

Sample School Health Services Plan

Area of Responsibility: Health Office Management
Goal: The district will provide effective management of the school health services program.

Objective	Activities	Evaluation
By the end of the 2005 school year, a review of the effectiveness of the school health office management will be conducted.	The nurse and other members of the school health team will review all existing forms and determine their effectiveness.	Documentation indicates a review has been conducted and includes supporting evidence of changes made
	The nurse and other members of the school health team will visit another school district to gain new ideas and information.	Documentation of visit.
	School health team will assess procedures for maintaining confidentiality of health information.	Documentation indicates a confidentiality policy was developed or revised.

Area of Responsibility: Health and Developmental Assessment
Goal: The district will have a procedure or mechanism to assess the health and developmental history of students.

Objectives	Activities	Evaluation
A comprehensive health record will be compiled on 95% of all students by the end of the 2005 school year.	The nurse and other appropriate school health personnel will review and revise health history forms to ensure comprehensiveness.	Documentation of review and revision process.
Health folders/records are stored in a locked file separate from educational records. The nurse is responsible for knowing who has access to records.	The nurse has established procedures for access to records.	Documentation of access to health records by those individuals not covered by FERPA regulations.
Data from screenings in 2004 will be used to determine priorities for screening in 2005 school year.	The nurse and other school personnel will analyze the percent of completed follow-up and the reasons for incomplete referrals.	Documentation regarding number of completed follow-ups and reasons for incomplete referrals.

Area of Responsibility: Emergency Care and Illness
Goal: The district will be prepared to respond to emergency illness and injury.

Objectives	Activities	Evaluation
The percent of school staff prepared to respond to emergencies will be increased by the end of the 2005 school year.	The nurse and other school health team members will conduct a survey to identify individuals trained in first aid and CPR.	A copy of the survey and the results will serve as documentation.
	The nurse will facilitate training to school staff willing to provide first aid and CPR.	Documentation of training schedule with numbers of school staff trained.
Information from injury reports will be used by the end of the 2005 school year to make appropriate environmental changes to decrease potential for injury.	The safety committee will identify environmental hazards based on the data.	Data from injury reports and the identified safety hazards will serve as documentation.
	Recommendations will be made to administration or school board regarding needed changes.	Documentation of recommendations made.
100% of all students with potential of a life-threatening emergency will have an Emergency Action Plan in place.	The school nurse will prepare a *written* plan for staff to deal with life-threatening emergencies and assure staff training as needed.	Copy of *written* plans and number of identified students.

Area of Responsibility: Prevention and Control of Disease
Goal: The district has effective methods in place to prevent and control communicable diseases.

Objective	Activities	Evaluation
By the end of the 2005 school year, 100% of school staff will have received education about the district's exposure control plan.	The nurse and other school health team members will provide annual inservice training re exposure control, including standard precautions, for existing employees and repeat training as needed for new employees.	Documentation of dates of inservice, numbers of employees attending, and copy of district's exposure control plan.

Area of Responsibility: Special Health Care Concerns
Goal: The district will provide for students with special health care concerns.

Objective	Activities	Evaluation
100% of students with a diagnosis of significant asthma will have an asthma action plan in place within 2 weeks of attendance at school.	The nurse will obtain a focused asthma health history and develop a plan in collaboration with the parent(s)/guardian(s) and physician.	Documentation of plans for school staff to deal with emergencies of students with significant asthma.
	The nurse will educate staff on care of the student with asthma, and how to use asthma action plans.	Documentation of staff inservice and numbers attending.
The percent of individual health plans (IHP) on file for children with special health care concerns will be increased by the end of the 2005 school year.	The nurse will collaborate with parent(s)/guardian(s) and physicians to develop an appropriate IHP.	IHPs will serve as documentation.
	The nurse will involve the student in the plan to promote self-care.	Documentation of meetings with students.

Area of Responsibility: Safe and Healthy Environment
Goal: The district will provide a safe and healthy environment in which to learn and work.

Objective	Activities	Evaluation
The health and safety of the school environment will be improved by the end of the 2005 school year.	The safety committee will use the safety checklist developed by Missouri Safe Schools Center to review the physical and mental health aspects of the school environment.	The completed safety checklist will serve as documentation.
	The safety committee will make recommendations to the administration regarding desired changes.	Documentation of recommendations regarding desired changes.
Student participation in maintaining a safe and healthy environment will be increased by the end of the 2005 school year.	The committee will meet with school service groups to develop a project to improve the school environment.	Documentation of meetings with school service groups.
	The committee will provide recognition such as awards or certificates for the service club's participation in the project.	Documentation of awards or certificates and number of students involved.
The school health team will participate in training about dealing with bioterrorism in school settings in 2005 school year.	The team will revise emergency plans to reflect consideration of bioterrorism impact on students.	Emergency plans include response to bioterrorism.

Area of Responsibility: Health Counseling
Goal: The district will provide resources for counseling students regarding physical and mental health problems.

Objectives	Activities	Evaluation
The number of students with physical or mental health problems who access support services will be increased by the end of the 2005 school year.	The nurse and counselor will assess the need for support groups on various issues such as chronic illness.	Documentation of numbers of students who might need support groups.
	The nurse, counselor and social worker will collaborate to facilitate the needed support groups.	Schedule of support groups will be documented.
	The nurse will serve on the student assistance or care team.	Membership list of student assistance or care team.
The linkages with mental health professionals in the community will be improved by the end of the 2005 school year.	The nurse and/or counselor will schedule regular meetings with community-based service providers.	Documentation of meetings and individuals attending.

Area of Responsibility: Worksite Wellness
Goal: The staff and students in the district will accept personal responsibility for their own personal health.

Objectives	Activities	Evaluation
Increase the level of personal health for students and staff by increasing learning opportunities in health care encounters by the end of 2005 school year.	School health personnel will help students and staff with goal setting based on identified health needs.	Documentation of participants and identified goals.
	The nurse, in collaboration with teachers, will develop or obtain appropriate educational materials.	List of materials developed and how they were used.
	The nurse will provide classroom instruction on self-care of minor illness and injury.	Schedule of classroom instruction activities.
The staff will receive education regarding health risks and resources for health care.	A staff wellness program will be developed to include opportunities for screenings and education regarding common chronic conditions and current treatment.	Dates of staff wellness activities and percent of staff participation.

School Health Services

INTRODUCTION

The school nurse is an integral part of the educational process in a school district and delivers essential services. The school nurse assists children and youth in developing their full potential in health and education. While the instructional staff assumes the major responsibility for teaching children, the school nurse provides supportive professional and specialized health services for the school staff and the students.

In 1997, a national work group identified core health services every school should provide. The essential services include:

- Screening, diagnostic, treatment and health counseling services;
- Referrals and linkages with other community providers; and
- Health promotion and injury and disease prevention education.

-Health is Academic: A Guide to Coordinated School Health Programs

School health services contribute to goals of both the education system and the health care system.

-Health is Academic, 1998

Standards of Care
of Professional School Nursing Practice

A Task Force developed standards for school nursing practice in 1983. The American Nurses Association, the American Public Health Association, the National Association of Pediatric Associates and Nurse Practitioners, the American School Health Association, the National Association of School Nurses were represented on the Task Force. The National Association of School Nurses and American Nurses Association last revised the standards in 2001.

All school nurses should obtain a personal copy of this document. The standards define the personal responsibility of the school nurse and should be used in the development of job descriptions and quality assurance tools.

Standards of Care

Title		Nurse Activity
I.	Assessment	The school nurse collects client data.
II.	Diagnosis	The school nurse analyzes the assessment data in determining nursing diagnoses.
III.	Outcome Identification	The school nurse identifies expected outcomes individualized to the client.
IV.	Planning	The school nurse develops a plan of care/action that specifies interventions to attain expected outcomes.
V.	Implementation	The school nurse implements the interventions identified in the plan of care/action.
VI.	Evaluation	The school nurse evaluates the client's progress toward attainment of outcomes.

Standards of Professional Performance

Title		Nurse Activity
I.	Quality of Care	The school nurse systematically evaluates the quality and effectiveness of school nursing practice.
II.	Performance Appraisal	The school nurse evaluates one's own nursing practice in relation to professional practice standards and relevant statues, regulations and policies.
III.	Education	The school nurse acquires and maintains current knowledge and competency in school nursing practice.
IV.	Collegiality	The school nurse interacts with and contributes to the professional development of peers and school personnel as colleagues.
V.	Ethics	The school nurse's decisions and actions on behalf of clients are determined in an ethical manner.
VI.	Collaboration	The school nurse collaborates with the student, family, school staff, community and other providers in providing student care.
VII.	Research	The school nurse promotes the use of research findings in school nursing practice.
VIII.	Resource Utilization	The school nurse considers factors related to safety, effectiveness and cost when planning and delivering care.
IX.	Communication	The school nurse uses effective written, verbal and non-verbal communication skills.
X.	Program Management	The school nurse manages school health services.
XI.	Health Education	The school nurse assists students, families, the school staff, and community to achieve optimal levels of wellness through appropriately designed and delivered health education.

School Health Services Personnel

Consulting School Physician/Medical Advisory Committee

School districts are encouraged to obtain the services of a local physician(s) to provide guidance for the school health program. School nursing personnel can function in expanded roles with standing orders and protocols (collaborative agreements) from physicians, thus enabling better management of illness and injury in the school setting. Having a physician to consult regarding health and safety issues enhances the district's ability to protect and maintain the health status of students and staff. Physician services are often provided as a community service, but some school districts may choose to employ or contract with the physician for a specified number of hours per school year. Medical advisory committees would be of benefit in looking at all aspects of the school health program and making recommendations to the school nurse or School Health Advisory Committee.

Qualifications (Minimum Standards)
1. Currently licensed as a health care professional in Missouri, such as a physician, dentist, advanced practice nurse, or pharmacist.
2. Have knowledge of the school-age child and an interest in their health and education.

General Responsibilities
1. Consult with personnel as necessary;
2. Resource for medical information related to the school-age child;
3. Advise in the development of policies and procedures for the health services program;
4. Support the district health services policies, procedures and programs;
5. Meet with health services staff annually; and
6. Sign off on protocols as needed and appropriate.

Job Description: Registered Professional Nurse

Qualifications
1. Currently licensed to practice in the state of Missouri; and
2. Currently certified in CPR/Basic Life Support.

Educational Preparation
A basic nursing program (diploma or associate degree) will prepare the nurse to provide basic nursing functions to assess, plan, intervene, and evaluate health conditions. A nurse with a baccalaureate level of education brings additional skills to the school setting for assessing, planning, and intervening for population-based programs and for participating in formal health instruction activities.

Reports to
Coordinator of health services and the building principal. In all health-related matters, works under the supervision of the school nurse coordinator, the school physician and/or the school district health officer. In areas without a nurse supervisor or coordinator, reports directly to the superintendent.

Terms of Employment
Specify number of days in school year, number of hours worked per day. Personnel policies for school nurses should be consistent with those for other professional personnel in the school, including salary and benefit schedules.

Evaluation
Job performance will be evaluated in accordance with the provisions of the Board of Education/Superintendent's policy for evaluation.

General Responsibilities

1. Comply with the code of ethics of the nursing profession and uphold and implement school rules, state laws, administrative regulations, and board policies.
2. Provide leadership in the assessment, planning, implementation and evaluation of a coordinated school health program.
3. Act as manager for the district health services program:
   a) Utilize the nursing process to address the special health concerns of students. This includes developing individual emergency and health care plan for special needs.
   b) Manage the school health office including maintenance of school health records.
   c) Provide a system for prevention and control of communicable diseases.
   d) Manage a safe medication administration program.
   e) Assess, plan and implement age-appropriate screening programs and provide follow-up of referrals for identified health needs.
   f) Assist in training, supervision, and evaluation of paraprofessionals working in the health program (See Appendix C.1 for *Sample Agreement for Supervision*, and Appendix C.2 for *Sample List of Responsibilities of Registered Nurse Supervisor*).
   g) Provide support and resources for the health instruction program.
   h) Assist in monitoring the school health environment to assure health and safety, i.e, participate in crisis intervention planning, develop emergency actions plans for students with special needs, monitor injury reporting system, etc.; and
   i) Act as a liaison between home, school and community health providers.
4. Participate as a member of the coordinated school health team, assisting others in carrying out health-related programs, i.e., physical education, school food service, guidance and counseling, employee wellness activities, and family and community involvement.
5. Assist in the identification of suspected child abuse and neglect.
6. Participate as the health professional in staffing meetings, evaluation of students with special health care needs, and student assistance teams.
7. Provide leadership in developing/mobilizing community-based school health advisory groups, network with community agencies to identify physical and mental health needs of children, youth and families, and collaborate to develop programs to meet the identified needs.
8. Maintain professional competence through inservice and professional activities, e.g., membership in professional organizations related to school nursing and school health.

Job Description: Licensed Practical Nurse

Qualifications

1. Currently licensed to practice in the state of Missouri.
2. Currently certified in CPR/Basic Life Support.

Educational Preparation

Graduate of an accredited Licensed Practical Nursing Program. By state law, Chapter 335, must practice under the supervision of a registered professional nurse or a licensed physician.

Reports to

Registered professional nurse or licensed physician.

Terms of Employment

Specify number of days in a school year, number of hours per day. Personnel policies should be consistent with those of other support staff in the district, including salary and benefit schedules.

Evaluation

Job performance will be evaluated by the nurse supervisor, with input from building administrator(s).

General Responsibilities

a) Assist registered nurse in implementing school health program.
b) Participate in maintenance of school health records.
c) Assist in triage of illness and injury in school setting according to protocols and school district policy.
d) Assist in school health screening programs.
e) Administer medications and treatments according to school district policy.
f) Assist in identifying suspected abuse and neglect.
g) Perform nursing care for children with special health care needs as ordered by a physician; and perform other health-related tasks as assigned by the school nurse supervisor (See Appendix C.3 for *Sample List of Responsibilities for Licensed Practical Nurse*).

Note: LPNs cannot delegate any responsibility to others without the knowledge and consent of the supervising registered nurse or licensed physician.

Job Description: Paraprofessionals/Unlicensed Assistive Personnel (UAP)

Education

High school graduate or equivalency certificate

Qualifications

1. First Aid and CPR training.
2. Adequate office management skills, i.e., typing, filing, and computer skills.
3. Training in issues of confidentiality and infection control.

Reports to

Registered nurse supervisor and building principal.

Terms of Employment

May be employed on an hourly basis, and only on days school is in session.

General Responsibilities

1. Provide basic first aid for illness and injury according to written school policy and procedures.
2. Maintain health records and perform clerical duties as assigned.
3. If trained appropriately, may perform initial screening procedures for vision, hearing and height and weight measurements, etc.
4. Maintain health office and equipment.

Use of Unlicensed Assistive Personnel in the School Setting

The area of school nursing is known for under-utilization of skills and expertise at all levels of personnel, from the school nurse to the health clerk. For a school nurse to perform clerical tasks and other non-nursing functions is not a cost-effective use of professional expertise. An alternative is to use appropriately prepared unlicensed assistive personnel (paraprofessionals) in the school setting when they are available, whether it is a paid health clerk/aide, a parent volunteer, or a student clerk. These paraprofessionals can make an effective contribution to the school health program, making it possible for the nurse to focus on professional nursing tasks.

Use of unlicensed assistive personnel requires a management approach to school nursing programs. Management has been defined as accomplishing organizational goals through the collaborative efforts of others. Having paraprofessionals available extends the ability of the school nurse to serve more students more effectively. The school nurse must be able to assess the program needs, develop and implement a plan through delegation to individuals with the skills to perform these tasks. In addition, the registered nurse must:

- Participate in the development of clear and appropriate job descriptions;
- Encourage recruitment of qualified and motivated paraprofessionals;
- Participate in development of guidelines for delegation of specific responsibilities;
- Provide appropriate orientation, adequate supervision and "coaching"; and
- Document cost-effectiveness and impact of use of paraprofessionals on school nurse activities. (*Susan Wold).*

The Missouri Nurse Practice Act allows for delegation of nursing tasks that do not require nursing assessments to UAPs who have been properly trained and are supervised by an RN. The Missouri Nurse Practice Act implies that if the RN determines the learning needs of the person to whom a task is delegated, teaches the information needed, assesses the mastery of the tasks and periodically monitors and supervises the performance, the RN may use his/her professional judgment in delegation. This requires that a registered nurse maintain control over the delegated activities.

The registered nurse who supervises paraprofessionals must use her professional judgment regarding the level of performance and the ability of the individual when delegating nursing tasks. She should not delegate nursing tasks to an individual for whom she has no authority for evaluation and supervision. (See Appendix C.4 for *the Missouri State Board of Nursing Position Statement on Unlicensed Assistive Personnel – 1999*, Appendix C.5 for the *National Association of State School Nurse Consultants Position Statement on Delegation of School Health Services – 2000*, and Appendix C.6 for the *National Association of School Nurses Position Statement on Using Assistive Personnel in School Health Services Programs – 2002,* Appendix C.7 for the *National Association of School Nurses Position Statement on Delegation – 2002,* Appendix C.8 for *the National Council of State Boards of Nursing on Delegation Decision Making*).

Susan Wold, in her book, "*School Nursing: A Framework for Practice*," states that for school nursing to survive and thrive, the nurse must delegate all tasks not requiring the expertise of a registered nurse to paraprofessionals. School nurses need to review critically and evaluate their job descriptions, assess the time spent in their current range of activity, and recruit appropriately trained personnel to whom the nonprofessional activities can be assigned. The school nurse then has a responsibility to use the released time effectively and to document the resulting significant changes in the school health program. The nurse should have more time to address the needs of children with special health care concerns, do consultation, counseling, evaluation, and health education activities.

Community Health Nurses in Schools

Community health nurses are resources to school nurses and school districts. The goals of school health and community health should be similar. Local public health agencies have a responsibility for population-based services, and school nurses need to collaborate with the local public health agency in meeting that mandate. When school districts do not have school nurses, they might consider contracting with the local public health agency for the desired services. Such services might include training for school personnel in medication administration, assessing students with special health care concerns to determine the level of services needed, and consultation on special health and safety issues.

Guidelines for the New School Nurse

How to Begin

The school administrator should:

1. Explain the school district's philosophy for the school health program, including the use of the secretary and/or aides (clerical or student).
2. Provide a current job description for the school nurse.
3. Provide any written school health policies and procedures, school health manual or guidelines.
4. Orient the nurse to the buildings and grounds.
5. Introduce the nurse to key personnel in the district.
6. Provide the nurse with the school calendar, building schedules, and individual class rosters.

When possible, the nurse should try to accomplish the following activities before school begins:

1. Meet with the building principal(s) and office staff. Determine communication patterns for exchange of information (mailbox, phone calls, referrals to nurse, notification of teachers, staff meeting schedule).
2. Locate the school health office(s). What clinic space and supplies are available? What is needed? How are supplies obtained? (See Appendix C.9 for list of recommended *School Health Facilities and Supplies*).
3. Locate the health records. What type of information has been collected? Who records the information? How current are the records? What students have health problems and how has that information been shared? Are records computerized? Are records stored in a locked file separate from the educational records? (See *Recommended Policies and Procedures, Confidentiality*, p.60 of this manual and Appendix C.10 for *Retention of Health Records*).
4. Develop a school nurse schedule to meet the identified needs based on the number of buildings, numbers and types of students, numbers of grades per school, days of special education staffing, and individual building schedules. (See Appendix C.11 for *Suggested School Nursing Calendar*). Get approval of schedule from building administrator.
5. Meet the faculty and describe the nurse's role and procedure for referrals. Discuss medication administration, including the use of over-the-counter medications. Provide faculty with a copy of the nurse's schedule.
6. Meet the special education coordinator in each building. Find out when the building-level conferences are held. What is the procedure for referral for services and how is the nurse notified of students who need evaluation? Who obtains permission for assessment and who sets the dates for team conferences? (See Appendix C.12 for *Role of the School Nurse in the Homebound Instruction Process* and Appendix C.13 for *Homebound Instruction Referral Form*).
7. Get acquainted with the cafeteria manager and workers, bus drivers' supervisor and the school custodian.
8. Develop or update a community resource file. Is there a local school health advisory council? What emergency services are available? What resources are found in the local and district public health departments? What mental health services are available for students in crisis? What service clubs are located in the community and what are their areas of interest? Who are the health care providers and how are services accessed. How many accept Medicaid or MC+ payment for services? Who are the contacts at the social services agencies?
9. Become acquainted with the type of statistical data to be collected to document the school nursing activity for accountability and quality assurance.
10. Become familiar with the laws, rule and regulations relating to the school health program (See Appendix C.14).
11. Identify resources for professional support, i.e., inservice and consultation available through the local, district and state departments of health and education.
12. Contact the state school nursing consultant at the state Department of Health and Senior Services for information regarding orientation for school nurses, guidelines for programs, training for screening programs, school nurse continuing education conferences, contacts with professional organizations, etc. (See *Resources for School Health Programs* for contact information.)

13. Request an opportunity to visit a school nurse in a neighboring district. It is inexpensive continuing education and an opportunity to begin networking with colleagues.
14. Learn what printed materials, such as journals and manuals are available. (See list *of Resources for School Health Programs*).
15. Find out how a school nurse can join professional organizations at the district, state and national level.
16. After becoming familiar with this necessary background information, develop a tentative plan for school health services based on previously determined goals and objectives, if available. (See *MSIP Section* of this manual for guidance in developing a plan).

The new school nurse should continue programs in operation according to accepted policies and procedures until any desirable changes are identified. If there are not written procedures, the nurse should identify those with top priority and draft them for the superintendent's review and approval. (*See Recommended Policies and Procedures Section* of this manual).

Resources for School Health Programs

Missouri Department of Health and Senior Services (DHSS)

The Department employs a school nurse consultant to provide consultation to school nurses, school administrators, agencies and organizations interested in school health, and the general public on issues pertaining to health services in schools. The state consultant may be contacted at the Healthy and Safe Families Unit, 573-751-6213.

There are many school health-related materials available from the DHSS. Most printed materials are available without charge for a single copy, and others may be purchased for the cost of printing. Any material printed by the DHSS may be copied or adapted for use without permission.

Printed literature and audiovisual materials may be obtained by written request to DHSS, PO Box 570, Jefferson City, Missouri 65102. A catalog listing all printed and audiovisual offerings should be located in each local health unit and each public school building library. In addition, this catalog may be accessed from the DHSS website, www.dhss.mo.gov then click on "Topics A-Z," Audiovisual, Audiovisual catalog, forms and/or literature.

Recommended forms for school health programs may be found in various publications of guidelines for programs and may be copied or adapted without permission.

The following resources are available on the DHSS website, under Health, School Health, Related Links:

Manual for School Health Programs, Missouri DHSS/DESE, June 2005
Guidelines for Vision Screening, Missouri DHSS, September 2004
Guidelines for Hearing Screening, Missouri DHSS, September 2004
Guidelines for Spinal Screening in Schools, Missouri DHSS, September 2004
Guidelines for Growth Screening in Missouri Schools, Missouri DHSS, April 2005
Medication Administration in Missouri Schools: Guidelines for Training School Personnel, DHSS, April 2005
Child Abuse and Neglect: Role of the School Nurse, November 2004
Prevention and Control of Communicable Diseases in Schools and Child Care, Missouri DHSS, 2005
Immunization Handbook
School Health Advisory Council Guide

The above guidelines can be downloaded and printed, or you can request a CD-ROM that contains all the guidelines by contacting the School Health Program at 573-751-6213.

On the DHSS website, under Laws, Regulations and Manuals, you will find:

- Access to Missouri Statutes and Regulations;
- Communicable Disease Investigation Reference Manual;
- Environmental Health Operational Guidelines;
- Lead Poisoning Prevention Manual;
- Missouri Diet Manual;
- 2004 Missouri School Asthma Manual; and
- Tuberculosis Control Manual.

Missouri Department of Elementary and Secondary Education (DESE)
The following resources are available from DESE's website:

- Missouri Show Me Standards;
- Health and Physical Education Information
  Website http://www.dese.mo.gov/divimprove/curriculum/newwebpages/hpe.html
  This will give you the Health and Physical Education home page. On the right, click on "AIDS/HIV Education." This is a source of information for the Policy Guidance on Communicable Disease, Infection Control Procedures in Schools, the YRBS data, the School Health Education Profile, and information regarding HIV education training and grants to local schools.

National Association of School Nurses

- Association of school nurse professionals;
- Journals, newsletters, publications, manuals and videos for professional development of nurses; and
- Position statements on issues related to school nursing.
  Website: http://www.nasn.org
  NASN, PO Box 1300, Scarborough ME 94970-1300

Missouri State Board of Nursing

- For information related to RN/LPN practice, go to http://www.pr.mo.gov/nursing.asp and click on "Focus on Practice," then to the appropriate materials. Also on this site you will find the Board of Nursing's Position Statements.

Missouri State Government

- For full text of laws referenced in the manual, see http://www.moga.state.mo.us and click on "Missouri Revised Statutes" link.

Appendix C.1

Sample Agreement for Supervision

I, _____, agree to provide supervision for the school health nursing
(*Registered Nurse/Physician*)

activities of _____for the period of
(*Licensed Practical Nurse)*

_____ (year) to _____ (year).

Attach a list of responsibilities for the RN/Physician and LPN involved in this agreement. (See Appendix C.2 and Appendix C.3).

Identify the established guidelines, e.g., *American Red Cross First Aid Manual*, as the "protocol" to be used in dealing with illness and injury, or write protocols, stating at what point the LPN should consult with the supervising professional.

Identify the procedures the LPN is to follow for different aspects of the program. The district's *Health Services Policies and Procedures* can serve this purpose.

Agreement must be signed by the Licensed Practical Nurse and the supervising professional.

_____
Registered Nurse/Physician Date

_____
Licensed Practical Nurse Date

Appendix C.2

Sample List of Responsibilities for Registered Nurse Supervising LPNs

The nurse supervisor will:

1. Health Office Management
   a) Be available to LPN for consultation by telephone or in person.
   b) Provide guidelines/protocols for care of illness and injury.
   c) Review health room logs on a routine basis (frequency determined by RN).
   d) Review medication and treatment logs on a routine basis and maintain record of review.
   e) Consult with LPN concerning students with health and absentee problems.
   f) Develop or maintain community resource file for access to care and referrals.
2. Special Health Care Needs
   a) Assess students with special health care needs to determine level of care needed.
   b) Assist LPN with initial screening programs for vision, hearing, and dental programs, if needed.
   c) Identify those students needing health care plans (Emergency Action Plans, Asthma Action Plans, Individual Healthcare Plans, Section 504 Accommodation Plans, etc.) and prepare as needed. Provide staff education regarding chronic health conditions as needed.
   d) Participate in observation of students with ADD/ADHD when requested.
   e) Develop individualized healthcare plans (IHP) for students with chronic illness or disability, in collaboration with LPN.
   f) Assign implementation activities of IHP to LPN or other caregivers, as appropriate.
3. Screening Programs
   a) Determine the frequency of screenings, by program and grade, after consultation with school administration.
   b) Assist LPN with initial screening programs for vision, hearing, and dental programs, if needed.
   c) Conduct scoliosis screening program on selected grades, with assistance of LPN.
   d) Rescreen all students identified with possible defects, review health history, and consult with parent(s)/guardian(s) as needed in making referral decisions.
   e) Monitor referral completion rates and assists as needed with parental contact.
   f) Prepare health information from screenings for IEP staffing as requested.
4. Education
   a) Provide inservice to designated school personnel on medication administration.
   b) Provide classroom instruction on health topics when appropriate and as requested.
   c) Provide student-specific information to teachers regarding students with special health care concerns.
   d) Assist teachers in finding health instruction resources.
   e) Provide input regarding health instruction/curriculum needs.
5. Other Duties
   a) Conduct an assessment of the school environment on a routine basis to include playground equipment, restrooms, etc.
   b) Assist LPN in the event of illness outbreaks, e.g., data collection and management of health concern.
6. Evaluation
   a) Meet with LPN to monitor school health nursing activities, including triage of illness and injury, medications and treatments, absenteeism, etc. (frequency to be determined by RN, suggested minimum is four hours per week).
   b) Assign duties to LPN according to competencies demonstrated.
   c) Review results of screening programs to determine plan for subsequent school year.
   d) Meet on a routine basis with LPN and school administrator to review program.
   e) Collaborate with school administrator in performance evaluation of LPN.

School administrator will provide input for performance evaluation of nurse supervisor in the role of program manager and supervisor.

Appendix C.3

Sample List of Responsibilities for Licensed Practical Nurse

Under the Supervision of a Registered Nurse

1. Health Room Management and Triage
   a) Maintain cumulative health records;
   b) Maintain daily log of all students seen in the health room;
   c) Follow established policy and procedures for care of ill and injured students;
   d) Follow up on students with excessive absences for health reasons, and consult RN;
   e) Send out referral letters for health problems and screening failures after rescreening by RN and referral decisions have been made;
   f) Follow up on referrals and maintain log or worksheet of referral status;
   g) Implement fluoride rinse program and maintain required record of program;
   h) Assume responsibility for maintenance of health room supplies and equipment;
   i) Prepare weekly reports of nursing activity for school administration; and
   j) Assist in identifying possible abuse and neglect and follow district reported procedure.

2. Special Health Care Needs
   a) Participate in the development of emergency action plans for students needing emergency provisions;
   b) Implement individual healthcare plans, including special care procedures, as directed by RN;
   c) Provide assessment of vision and hearing for students being evaluated for special education placement and report findings to RN; and
   d) Provide health information to students and families, as needed.

3. Screening Programs
   a) Screen all new students for height/weight, vision, hearing and dental problems within one week of enrollment;
   b) Do initial screening for vision and hearing problems (in grades determined by RN); and
   c) Screen students for pediculosis if indicated, after consultation with RN.

4. Education Activities
   a) Provide health instruction to students, teachers, parent(s)/guardian(s), and community as needed;
   b) Assist teachers in finding resources for health education;
   c) Participate in community outreach programs;
   d) Assist school food service personnel to promote healthy food choices; and
   e) Assist school personnel with health needs, as indicated.

6. Evaluation
   a) Meet with nurse supervisor and school administrator at least monthly regarding the school health program;
   b) Review medications and treatments at least weekly with nurse supervisor; and
   c) Review health room log with nurse supervisor weekly or more often, if indicated.

Appendix C.4

Missouri State Board of Nursing

Position Statement

Utilization of Unlicensed Health Care Personnel

The mission of the Missouri State Board of Nursing is to assure safe and effective nursing care in the interest of public protection. The Board of Nursing has the legal responsibility to regulate nursing and provide guidance regarding the utilization of unlicensed health care personnel. The Board acknowledges that there is a need and a place for competent, appropriately supervised unlicensed health care personnel to assist, but not replace, licensed nurses.

Unlicensed health care personnel who perform specific nursing tasks without benefit of instruction, delegation and supervision by licensed nurses may be engaged in the practice of nursing without a license. Such actions by unlicensed health care personnel are a violation of the Missouri Nursing Practice Act [335.066 (10), RSMo]. Unlicensed health care personnel remain personally accountable for their own actions.

The Missouri Board of Nursing recognizes that activities of unlicensed health care personnel need to be monitored to protect the health, welfare and safety of the public. Registered nurses may teach, delegate, and supervise licensed practical nurses and unlicensed health care personnel in the performance of certain nursing care tasks [335.016 (9)(e), RSMo; 4 CSR 200-5.010 Definitions]. Under the direction/supervision of registered professional nurses or persons licensed by a state regulatory board to prescribe medications and treatments, licensed practical nurses may teach, delegate, and supervise unlicensed health care personnel in the performance of specific nursing care tasks [335.016 (8), RSMo; 4 CSR 200-5.010 Definitions].

Registered professional nurses and licensed practical nurses must make reasonable and prudent judgments regarding the appropriateness of delegated selected nursing care tasks to unlicensed health care workers. Licensed nurses must ensure that unlicensed health care personnel have documented, demonstrated evidence of appropriate education, training, skills and experience to accomplish the task safely. Carrying out responsible and accountable supervisory behavior after specific nursing tasks are delegated to unlicensed health care personnel is critical to the health, welfare and safety of patients [335.016 (9)(e), RSMo; 4 CSR 200-5.010 Definitions]. Licensed nurses who delegate retain accountability for the tasks delegated.

--MSBN 10/8/92
revised 3/3/99

Appendix C.5

The National Association of State School Nurse Consultants, Inc.

Position Statement

Delegation of School Health Services

Position

The National Association of State School Nurse Consultants (NASSNC) recognizes that:
School nursing services are essential for the health, rehabilitation and well-being of the student population in order for them to benefit from educational programs and to maximize energy for learning. Both the volume and range of nursing services that must be provided at schools has increased dramatically over the past decade.

As a result, certain aspects of student care may need to be delegated to licensed practical nurses (LPNs) or unlicensed assistive personnel (UAPs). In order to ensure quality and the safe provision of services as necessary for students with health and nursing care needs, NASSNC believes these services should either be directly provided by school nurses who are licensed registered nurses (RNs) and or delegated by the RN to qualified paraprofessionals or unlicensed assistive personnel (UAPs) in accordance with the state nurse practice act. The RN must determine which student care activities may be delegated, under what circumstances it is appropriate to delegate aspects of student care, and by whom the delegated portions of care can safely be provided. The RN is responsible for the assessing, planning, training, supervising, and evaluation of the unlicensed assistive personnel (UAPs).

Rationale

More students with special health care needs are now attending school and placing new demands on school districts. As a result, local school boards must provide sufficient staff and resources to safely meet the needs of students with chronic or urgent care needs by providing a level of school health nursing services previously not required. Ancillary staff may be useful in some settings in meeting these growing needs. However, safe care for students must be the priority. When all or a certain part of a student's nursing care is delegated by an RN, the performance of the activity or procedure is transferred to another person, but the RN retains the accountability for the outcome. This is similar to the assignment of certain tasks to a classroom assistant while the teacher retains responsibility for the learning outcome.

School administrators are legally responsible for the safety of all students, including the provision of required health services by qualified staff. They have certain responsibilities regarding the educational placement of students but they cannot legally be responsible for deciding the level of nursing care required by an individual student with special health care needs. The RN, based on his or her knowledge, and in accordance with the state's nurse practice act and related state rules and regulations, is responsible for determining whether care should be provided by a licensed nurse or delegated to a trained and supervised unlicensed assistive personnel. Use of non-qualified school staff risks harm to students. If addition, non-licensed school staff can be held liable for their actions if they practice nursing or medicine without a license authorizing such practice.

By professional and legal mandate, RNs are ultimately responsible for the quality of nursing they provide and are personally and professionally liable for all errors in nursing judgment. If the RN's actions violate the requirements of the nurse practice act, the state board of nursing can take disciplinary action against the RN, including revocation of his/her license to practice nursing.

Definitions

Delegation: "the transfer of responsibility for the performance of an activity from one individual to another, with the former retaining accountability for the outcome" [*American Nurses Association*, (ANA), 1994, p. 11].

Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN): minimal educational preparation, graduate of a technical program, licensed by the state.

Unlicensed assistive personnel (UAP): "individuals who are trained to function in an assistive role to the registered professional nurse in the provision of [student] care activities as delegated by and under the supervision of the registered professional nurse" (ANA, 1994, p. 2).

Qualified School Nurse: "registered nurse (RN), minimum educational preparation: Baccalaureate Science in Nursing (BSN), licensed by the state. National certification preferred. School nursing is a specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning (NASN, 1999).

Supervision: "the active process of directing, guiding, and influencing the outcome of an individual's performance of an activity" (ANA, 1994, p.10).

Summary

The National Association of State School Nurse Consultants believes that schools have an obligation to ensure the quality and safe provision of school nursing services as necessary for the health, rehabilitation and well-being of students with health impairments. Therefore, services should be provided by qualified nursing personnel and with utmost regard for protecting the student. School nursing services should either be directly provided by licensed professional (RN) school nurses or delegated by the RN to qualified paraprofessionals or trained unlicensed assistive personnel (UAPs). In either case, the RN retains accountability for the outcome.

References

American Nurses Association (1994). Registered Professional Nurses and Unlicensed Assistive Personnel. Washington, DC: American Nurses Publishing
National Council of State Boards of Nursing, (1995). Delegation: Concepts and Decision Making Process. Chicago, IL
Harrison, Barbara S., Faircloth, J. and Yaryan, L. (1995). The Impact of Legislation and Litigation on the Role of the School Nurse, Nursing Outlook 43 (2), 57-61
National Council of State Boards of Nursing website at www.ncsbn.org

Revised April 2000

Appendix C.6

National Association of School Nurses

POSITION STATEMENT

Using Assistive Personnel In School Health Services Programs

History
The health-related needs of students are intensifying in our nation's schools. Student safety is the primary concern in determining whether or how assistants should be used to help professional school nurses to deliver increasingly needed health services to students.

Description of Issue
Assistive personnel serve as school nurse extenders by supporting the nurse in the health office, performing clerical functions, and carrying out delegated nursing activities on behalf of students. State nurse practice acts and regulations promulgated pursuant to practice acts determine the scope of nursing practice and what nursing activities can be delegated or given to assistive personnel. People employed by the school district may have partial or total responsibility for assisting the licensed, registered professional school nurses. These support staff include: unlicensed assistive personnel (UAP), such as school staff, clerical aides, and health/nursing assistants or aides (HA); licensed paraprofessionals, known as licensed practical nurses (LPN) or licensed vocational nurses (LVN); and registered nurses who do not meet their state's or school district's requirements for qualification as a school nurse. Each type of support staff has unique qualities and limitations as described below:

1. School staff whose job is to deliver, support or manage education are the least qualified to assist the school nurse in providing physical health care to students. They lack health-specific training, and their job focus may not allow them to devote the care and attention needed to safely deliver health services.
2. Clerical aides who only provide clerical support to the health services program should not be expected to provide direct student health care. They require supervision by the school nurse; and in addition to general clerical training, they will need on-the-job training in such areas as school records management and confidentiality.
3. At a minimum, should have a high school diploma, current certification in CPR and first aid, and on-the-job training in such subjects as confidentiality and infection control. If the state requires a specified curriculum or certification for nursing/health assistants, HAs in schools must also meet these state regulations. Under virtually all state nurse practice acts, RNs are responsible for directing, delegating to, and supervising these UAPs.
4. LPNs and LVNs usually complete a 12-month course of study beyond high school and pass state licensure, which allows them to practice on a technical level of nursing. LPNs and LVNs can contribute to each step in the nursing process, but cannot independently assess the health status of any student or the student's environment, make a nursing diagnosis, develop a plan of care, or determine when delegation of care to a UAP is appropriate. They work in a team relationship with the registered professional school nurse. Although states may vary in both scope of practice and degree of supervision needed, virtually all state nurse practice acts require that a RN supervise these technical nurses.
5. RNs who do not meet the education and experience qualifications stipulated by the state's department of education or the school district to work as school nurses are nonetheless licensed by the state's board of nurse to practice nursing independently. The school nurse should be responsible for evaluating the outcomes of nursing services for all students, making appropriate assignments to the RN, and providing supervision appropriate to the situation.

Key factors for effective and competent use of assistive personnel are role definition, adequacy of training, and appropriate delegation and supervision. School nurses, in collaboration with school and district administration, should develop clear, limited, written practice descriptions and then ensure adequate training and competency to perform identified tasks. Assistive personnel may not be required to make clinical assessments or nursing judgments or to implement nursing tasks requiring licensure. There should be written protocols for handling specific student health issues, with directions for particular signs and symptoms that must be reported to the school nurse. When the school nurse delegates responsibilities, the nurse must be available to provide direction, supervision, and immediate intervention in a situation as needed. State law, regulations, standards, and rules set by state boards of nursing may determine whether off-site supervision of assistive personnel by RNs is an option. If state-permitted, the school nurse determines when off-site supervision is safe and how frequently on-site supervision is indicated.

It is important that the following issues are considered when using assistive personnel in schools:
State nurse practice acts, including but not limited to scope of practice and to licensure, delegation, and supervisory responsibilities of RNs in relationship to LPN/LVNs and to certified or registered nursing assistants.

1. School nurse certification requirements under state education statutes and regulations scope and standards of school nursing practice.
2. School district job descriptions that are legally appropriate to the level of preparation, expectations, and experience of the assistive personnel.
3. State and NASN staffing guidelines that consider various safe staffing mixes in relation to the health needs of the student population.

Rationale
The use of assistive personnel can extend the delivery of health services, but when used to replace professional health care providers, it leads to a reduced quality of care to students. For staffing or budgetary reasons, assistive personnel are a necessary adjunct to many school health services programs; and if properly trained and supervised, they can enhance services to students and increase the cost-effectiveness of the program. Staffing decisions must be based on the assistive services needed, scope of practice, competencies, the RNs legal relationship to the assistant, and the amount of time required for on- and off-site supervision. Improved staffing of health services programs seems to result in healthier children who attend school and are more available for learning. While the use of assistive personnel may be an acceptable alternative to enhance this staffing, their improper use cannot only compromise students' quality of care, but also create liability for the district and/or nurse.

Conclusion
It is the position of the National Association of School Nurses that the use of assistive personnel may be appropriate to supplement professional school nursing services in certain situations, but they should never supplant school nurses nor be permitted to practice nursing without a license. The professional school nurse should take the lead in helping school districts appropriately determine whether and how to use assistive health personnel. The school nurse is the only one who is trained and capable of assessing the health needs of the student population and the only one who can legally delegate nursing activities to unlicensed persons. Appropriate nurse to assistant ratios and on-site supervision are essential for ensuring safe delivery of nursing services to students.

Adopted June 2002

See National Association of School Nurses website www.nasn.org/positions/2002psassistive.htm

Appendix C.7

National Association of School Nurses

POSITION STATEMENT

Delegation

History
Advances in health care and technology offer greater opportunities for children with special health care needs to attend school. Considering the complexity of the care needed by these students, delegation of care by the school nurse to an unlicensed person in the school setting, if allowed by the state's nurse practice acts, can be a safe and fiscally responsible way to meet the health needs of the school community. Nevertheless, the school community must be aware that, to ensure the safety, health, and educational success of these students, there are limitations to the use of delegation.

Description of Issue
The incidence of chronic illnesses (e.g., asthma, diabetes, attention deficit disorder) in school-age children is increasing. In addition, complex medical problems that were at one time only managed at inpatient settings are now being managed in the community, including the school setting. Federal mandates and parental expectations that the school is indeed able to manage their child raises the demands for qualified personnel to ensure the health and safety of students with special health needs.

Delegation has been defined as "the transfer of responsibility for the performance of an activity to another, with the former retaining the accountability for the outcome" (ANA, 1994). Guidelines and standards for delegation of nursing care are further defined by each state's nurse practice act and its associated rules and regulations. Some states and territories restrict the procedures that can be delegated; others do not allow delegation at all.

Delegation of nursing care is a complex legal and clinical issue in any setting, and is especially challenging in schools. It is the school nurse who must have a clear understanding of what constitutes his or her scope of practice to ensure that state nursing practice acts are not violated, and to make certain that school health and safety are not threatened. In turn, this knowledge needs to be communicated to parents, administrators, school staff, and students to ensure they understand the legal and professional issues involved in delegation.

Rationale
Only a registered nurse can delegate nursing care. It is critical that the school nurse be involved in district policy development that addresses the issue of delegation of care in the school setting.

The school nurse is responsible for using professional nursing judgment to determine the appropriate level of care needed for each student, including whether or not tasks can be delegated. Once the school nurse determines that a task can indeed be delegated (based on the definition of delegation, guidelines provided by the state's nurse practice act, and assessment of the unique characteristics of the individual student needing nursing services) an appropriate delegate must be chosen.

By definition, a delegated nursing service requires that the nurse train and supervise the delegate and the health outcome of the student. The training must be documented. The documentation must reflect that the delegate understands what needs to be done and demonstrates proficiency in performing the delegated task for each student. Ongoing and regular evaluation by the registered nurse is required in accordance with state, district and/or school policy. The school nurse must take appropriate actions when the delegate is unsafe in performing delegated tasks.

Conclusion
The National Association of School Nurses supports appropriate delegation of nursing services in the school setting, based on the definition of delegation, guidelines provided by state nurse practice acts, guidelines provided by the school nurse consultants council and the nursing assessment of the unique needs of the individual student. Only registered nurses can delegate nursing care in the school setting. The school nurse shall be involved with the development of school district policy and procedure related to delegation of care, to promote an understanding of the complex legal and clinical issues that surround delegation of care.

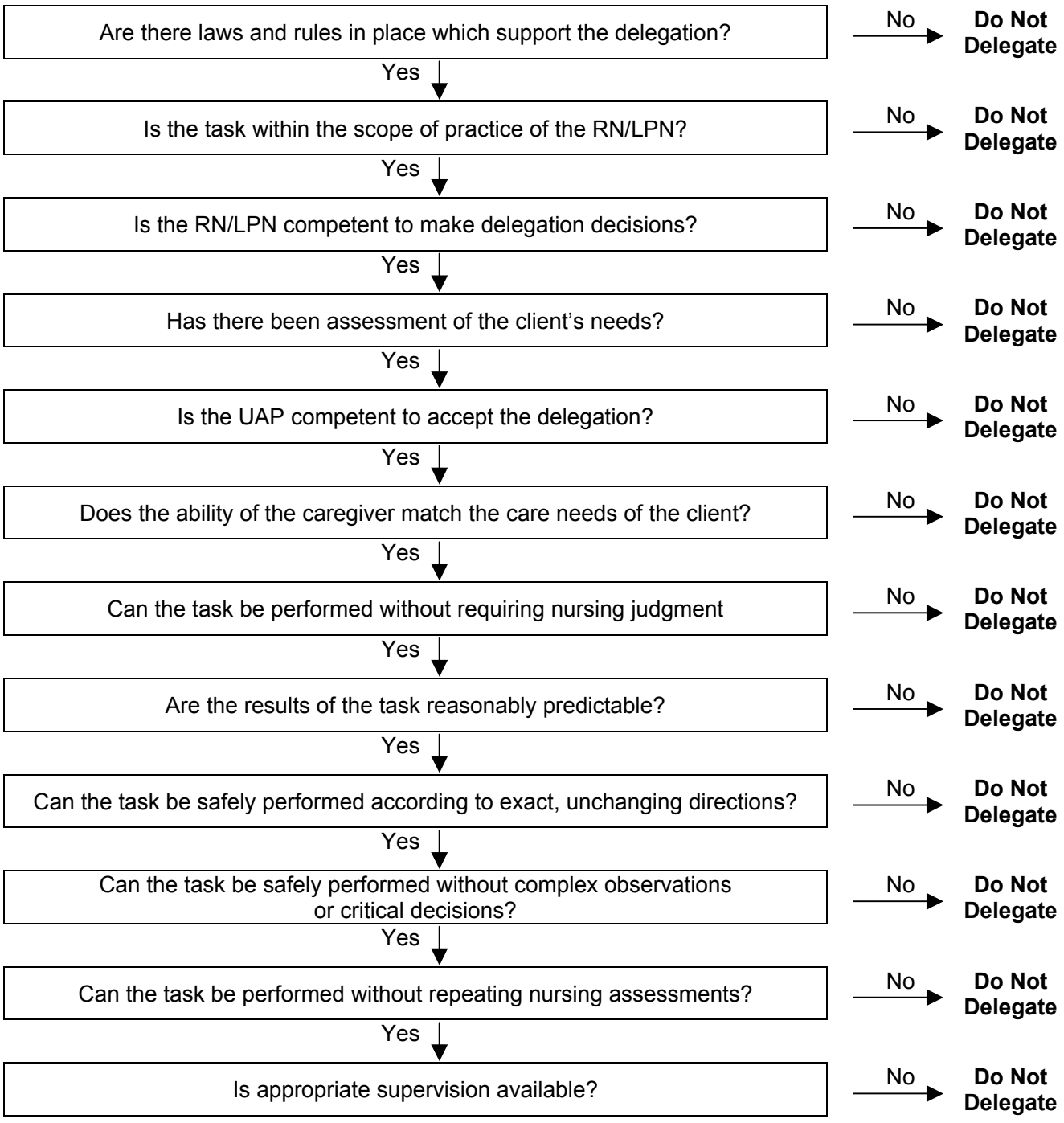
The health, safety, and welfare of the student must be the primary consideration in any decision to delegate. The school nurse making such a decision must be familiar with applicable nursing standards, the state's nursing practice act, and other applicable state and federal mandates. The school nurse must also be familiar with pertinent state education, public health and pharmacy laws and regulations.

See National Association of School Nurses website: www.nasn.org/positions/2002psdelegation.htm

Appendix C.8

National Council of State Boards of Nursing

Delegation Decision Making



Note: *Authority to delegate varies, so licensed nurses must check the jurisdiction's statutes and regulations. RNs may need to delegate to the LPN the authority to delegate to the UAP.* Adapted from the Delegation Decision Tree developed by Ohio Board of Nursing.

Appendix C.9

School Health Facilities and Supplies

It is the responsibility of the school administration to provide the most desirable work setting possible in which to carry out effective health services. The school nurse must utilize what is provided in a way that communicates an attitude toward health promotion and disease prevention.

The school's health facilities should accommodate all school health activities, such as emergency care of illness and injury, health appraisals, routine screenings, conferences, private interviews, etc. Lavatory and toilet facilities are essential for infection control. The preferred location is adjoining administrative offices. This will facilitate communication and provide for supervision of the health room when the nurse is not present. The facility should be located on the ground floor, near an entrance, to expedite the transportation of the sick and injured.

The number of students served and the components of the health services program will determine the number of individual areas in the health facility. There should be space for isolation of students, as well as a resting area. It is helpful to have a large enough area in which to carry out routine screenings. A private office and a separate waiting room are desirable.

The health records should be kept in locked file cabinets in the health room that should also be locked when not in use. Medications must be kept in locked cabinets. Controlled substances should be kept in locked boxes in a locked cabinet or room. The nurse and administrator should control access to keys. A refrigerator is needed in which to store medication that needs to be refrigerated, and a freezing compartment is helpful in which to store readily accessible ice packs.

Suggested equipment and supplies include:

Reception Area and Office

- Clock with second hand
- Desks and chairs
- Lockable filing cabinet(s)
- Telephone with access to outside line

Assessment Area

- Thermometers
- Stethoscope
- Sphygmomanometer with assorted cuffs
- Throat illuminator or flashlight
- Balanced beam scales
- Measuring device attached to wall
- Gooseneck lamp
- Otoscope
- Vision testing equipment (charts and/or vision testing machines)
- Puretone audiometer
- Tympanometer
- Blood glucose monitoring equipment
- Wastebasket(s) with cover

Some schools may be equipped with special care equipment:

- Sharps disposal system
- Peak flow monitoring devices
- Vinyl disposable gloves
- Suction equipment
- Automatic external defibrillator (AED)
- C-Spine Immobilizer

Infirmary Area

Antiseptic soap
Ace bandages
Activated charcoal

Bandages with nonstick pads, assorted sizes
Basin for soaking
Biohazard bags
Bleach
Box/cabinet with lock for medications
Cots (low, flat, with washable surfaces)
Cotton balls in container
Elastic wrap
Emergency blankets
Emergency medications
Emesis basin
Epi pens
Flashlight
Folding screen for privacy (or curtains)
Forceps
Gauze pads in assorted sizes
Hot water bottle
Ice packs
Nebulizer
Paper cups and dispenser
Paper towels
Refrigerator
Resealable plastic bags
Roller gauze in several widths
Safety pins
Sanitary napkins (individually wrapped)
Scissors (bandage, cuticle, and all-purpose)
Splints

Sterile petroleum jelly (Vaseline)
Storage cabinet for health room supplies
Tape in assorted widths
Tongue blades in closed container
Triangular bandages

Appendix C.10

Retention of Health Records

Record	Retention
Individualized Student Records – • Cumulative health record – record specific to a student with health history, immunizations records, screening results, etc. • Clinic record – documentation of student visit, assessment and care.	Permanently 23 years-of-age
Nursing Documentation – detail of assessment and care to individual student: • Physician orders for medications, treatments, procedures; • Parent(s)/guardian(s) consent for medication, treatments, procedures; • Medication records and parent consents (parent/guardian, physician); • Treatment records and parent consents (flow charts for asthma peak flow readings, seizures, blood glucose, catheterizations, tube feedings, etc.); • Behavioral Assessment Tools (assessment of drug or alcohol use, observations for medication effects (ADD/ADHD); • Injury reports from health care provider re care and activity restrictions, physician releases, or exclusion from sports/school; and • Child abuse and neglect documentation – notes, graphics.	Stored in student's individual health record until 23 years-of-age
• Individual health care plans; • Asthma action plans; • Emergency action plans; • Screening reports of medical professionals; • Emergency Cards (renewed annually); • Daily clinic log (with entry of name, date, time of visit – not considered adequate to document individualized care – recommend individual records, i.e., notebook, card file, etc.).	May be discarded after one year. Any pertinent information should be summarized on cumulative health record
• Immunization Exemptions; • Medical; • Religious; and • In progress forms.	Until graduation, or leaves district Until next dose is given
• Incident reports – record of internal concerns, medication errors, injury reports	Stored separately from student records

Reference: www.sos.mo.gov/archives/localrecs/schedules/school.asp

Appendix C.11

School Nursing Activity Calendar

August	September	October	November
1. Finalize a written school health plan with district/building administrator. 2. Prepare health office and supplies. 3. Collect and analyze student health information and prepare preliminary health problems list. 4. Review/update emergency plans and procedures. 5. Identify and post list of personnel trained in CPR and first aid. 6. Determine data collection necessary to document nursing activities and program results. 7. Develop/revise system to track referrals for care. 8. Update community health resource files. 9. Determine dates for faculty, PTA, school board and SHAC meetings in order to plan attendance and/or presentations. 10. Send letter to parent(s)/guardian(s) regarding health service policies and procedures, including medication administration. 11. Prepare emergency, first aid and blood-borne pathogens kits for classroom. 12. Make arrangements for fluoride rinse programs. 13. Schedule training for assistive personnel on first aid, medication administration, confidentiality, and infection control.	1. Update student health records. Secure health and developmental history for all K, 1st graders, and new students and update returning students records and special health plans. 2. Prepare file with emergency information for students and staff. 3. Notify teachers of known student health problems and any special procedures required. Provide general staff education as needed. 4. Schedule visits to classroom regarding health service and how to access care. 5. Schedule classroom presentations on topics such as: • Personal safety; • Nutrition (national school lunch month; and • Safety/First Aid (school bus safety). 6. Develop/update resource file on specific health issues and problems. 7. If heights and weights are done, identify students who need follow-up and/or develop interventions. 8. Conduct vision screening: • Prescreening education; • Screen planned grade levels; and • Rescreen individuals and determine referrals needed.	1. Complete CD31 for return to Missouri Department of Health and Senior Services by Oct. 15. 2. Monitor immunization compliance. 3. Set up conferences with individual students with newly identified health problems to jointly develop health plans, if indicated. 3. Conduct hearing screening: • Prescreening education. • Screen planned grade levels. • Rescreen individuals and determine needed referrals. 4. Inspect buildings and grounds for health and safety hazards. 5. Prepare health bulletin board with timely information. Change at least monthly. 6. Begin planning for community-based health fair. 7. Monitor first aid and medication administration weekly.	1. Monitor immunization compliance. 2. Conduct vision and hearing screenings (absentees, new students, and rescreenings). 3.Complete vision referrals – 50% 4. Offer classroom presentations: • Handwashing • Colds and flu • Dental • Sore throats • Positive health practices 5. Request opportunity to visit another school district or attend an inservice. 6. Conduct spinal screening: • Prescreening education. • Screen planned grade levels. • Rescreen individuals and determine needed referrals.

Appendix C.11 (continued)

December	January	February/March	April/May/June
1. Monitor immunization compliance. 2. Monitor levels of absenteeism related to illness. 3. Offer classroom presentations: • Chicken pox and its treatment • Prevention of colds and flu • Prevention of hypothermia 4. Review individual student health records for completeness 5. Complete vision referrals – 75% 6. Complete hearing referrals – 50%	1. Review absentee records to identify health problems needing nursing interventions. 2. Monitor communicable disease incidence. 3. Continue immunization surveillance. 4. Continue referral follow-up 5. Screen and/or rescreen new students for vision, hearing, scoliosis. 6. Assist physical education teachers with fitness screening program (blood pressure, body mass index, fitness) for targeted grades. 7. Offer classroom presentations: Growth and Development/Puberty Girls – grades 4, 5, and 6 Boys – grades 5 and 6	1. Review absentee records. 2. Monitor communicable disease incidence. 3. Review records for completeness: • Vision referrals – 90% + • Hearing referrals – 75% • Scoliosis referrals – 50% • Physical growth – 50% 4. Begin plans for worksite wellness activities for August staff meetings. 5. Visit another school district to share plans and resources.	1. Plan and/or conduct preschool screenings 2. Prepare notices regarding immunizations and physical exams due next school year 3. Review individual health plans for students with special health care needs and develop tentative plan for fall semester 4. Review records for completeness: • Vision referrals – 95% + • Hearing referrals – 90% • Scoliosis – 90% 5. Review supplies and equipment needs and prepare order for fall semester. 6. Review health education materials and make recommendations. 7. Review outcomes of goals and objectives and develop tentative school health plan for next year. 8. Request attendance at continuing education conferences scheduled over the summer.

NOTE: A program this extensive is not appropriate for a new school nurse to implement, but may provide ideas for how to organize activities.

Appendix C.12

Role of the School Nurse in The Homebound Instruction Process

Since most students served through special education for homebound instruction are provided services because of a health-related problem, districts employing school nurses should utilize them in this process. The nurse can assist the district by interpreting medical information, providing professional judgment regarding the request for services, serving as a liaison with parents and health care professionals, and offering suggestions regarding the re-entry process for the student. Many times the student could return to the school setting earlier if certain modifications could be made in the facility, the schedule, or the comfort level of the staff in dealing with special health care needs.

One method of involving the nurse is to route requests for homebound instruction through the nurse, unless there is an obvious need, e.g., hospitalization. Students with health problems are usually already known to the nurse and the nurse could advise the administrator whether or not he/she believes the district could serve the student at school, or whether it is in the best interest of the child to be provided services at home. An example of this would be the student with a chronic illness when the student would benefit from intermittent homebound instruction as opposed to simply withdrawing from school attendance altogether. Another situation might involve judgment regarding services to a student with chronic infectious disease.

Notification of the school nurse of all students served by the homebound instruction process gives the nurse an opportunity to contact the family and offer to serve as a liaison. The nurse might be able to facilitate the student's return to school by providing information to the physician regarding the services the school district can and is willing to provide. Discuss of the student's problem with the parent/guardian assures them that there is a health professional at the school who is capable of monitoring the student's health status. This is particularly important for a student with newly diagnosed health condition or a complex medical situation.

Involving the school nurse in assessing needs, developing and implementing an individual healthcare plan is a proper use of the nurse's professional expertise. It is an important way to provide holistic care to students. The nurse has a body of knowledge no one else in the school setting can offer. The documentation of the student's health problem and how the district addresses it should be a part of the student's record. The nurse has a responsibility to collect the data and document her actions on behalf of the student.

The process of involving the nurse should not delay the provision of services. By using a simple notification form, the district can document the nurse was notified (See Appendix C.14). The nurse then has the responsibility to follow through with contact with the parent/guardian and/or appropriate health care professionals, with parent/guardian consent.

When a district coordinator receives a request for homebound instruction, the nurse could be notified by phone and/or by sending a form to the nurse with the homebound instruction application. If the nurse is knowledgeable about the student and his health condition, and in agreement with the need, or the student is already an inpatient, the nurse would simply indicate this by checking box "A," sign the form and return to the coordinator. The nurse would make a note to contact the parent/guardian and follow the student's progress.

If the nurse is not aware of the student or this particular health condition, she should explore this by record review, interview with the parent/guardian and/or health care provider and student, make the indicated recommendations, check box "B" and return to the coordinator.

Appendix C.13

☐ Nurse notified by Telephone ☐ Nurse sent Referral ☐ Application Processed ☐ Application Approved ☐ Application Denied	**HOMEBOUND INSTRUCTION** **REFERRAL FORM**

A. No question regarding this referral
☐ student is an inpatient in a healthcare facility
☐ knowledge of student, family and/or condition

I will contact the parent and/or health care provider for information, to offer assistance and to facilitate return to school.

B. After consulting with the student, teacher, parent and/or health care provider, I have identified the following special health care needs:

and make the following recommendations:

☐ I believe the request is appropriate. I have established communication with the student/family, and will follow the student's progress.

☐ I recommend the following information be obtained before a decision is made:

☐ I believe the district should attempt to meet this student's needs in the school setting by considering the following modifications:

Nurse _____ Date _____

Appendix C.14

Laws, Rules and Regulations Relating to School Health Programs

Personnel working in the area of school health should be aware of the following legal guidelines:

Federal

Individuals with Disabilities Education Act (IDEA), which originally was Public Law 94-142 mandating free and appropriate education for all children with disabilities, and its subsequent amendments. A significant amendment, Public Law 99-457, 1986, required all school districts to serve children with disabilities, beginning at age three, and to be planning a statewide system of service from birth. All components have now been incorporated into the current version of IDEA. Part B covers children from ages 3-21 years, and Part C covers infants and toddlers, birth to age three.

Family Education Rights and Privacy Act (FERPA) requires all school districts to adopt a policy regarding confidentiality of school records, identifying a process for access for parent(s)/guardian(s), and student who have reached age 18.

Health Insurance Portability and Accountability Act (HIPAA) guarantees privacy of health information and requires written consent to share health information among certain parties.

Americans with Disabilities Act and the Rehabilitation Act of 1973 (Section 504) both allow a school to reject or exclude an employee or student who poses a "direct threat" to the health and safety of others. In addition, it requires schools to make reasonable accommodations for students who have disabilities that interfere with life activities, including learning. These students may require the development of a Section 504 Accommodation Plan.

Safe and Drug Free Schools and Communities Act of 1986 (Public Law 101-226) and the Anti-Drug Abuse Act of 1988 (Public Law 100-694) established grants for drug abuse education and prevention coordinated with community efforts and resources.

Missouri State Laws

Section 167.181, RSMo, Immunization of School Children
Section 210.003, RSMo, Immunization of Children in Day Care Settings
Section 167.191, RSMo, Exclusion of Children with Communicable Diseases
Section 191.640, RSMo, Blood-Borne Pathogen Standard governing public employers with employees at occupational risk
Section 431.060, RSMo, Consent for surgical or medical treatment for a minor in an emergency
Section 431.061, RSMo, Minor consent for treatment, care of pregnancy, venereal disease, drug or substance use without parental consent
Section 336.210, RSMo, Recommending services of a professional
Chapter 191, Confidentiality of records, release of information, etc., includes issues related to HIV
Chapter 335, Missouri Nurse Practice Act (nursing scope of practice, delegation)
Chapter 334, Missouri Medical Practice Act (physician delegation to nurses)
Chapter 210, Child Protection and Reformation (child abuse and neglect, reporting system)
Chapter 160, Schools (general provisions)
Health Care Access in Schools (HB 564, funding school health services programs)

Chapter 161, State Department of Elementary and Secondary Education (general provisions)
Outstanding Schools Act (SB 380)
Safe Schools Act (provision for self-administration of asthma medications)
Smoke Free Schools
Sexuality Education (SB 163)
Drug Abuse Education
HIV/AIDS Education
Chapter 162, Special Education
Chapter 167, Services in Schools (self-administered medications, distribution of contraceptives and drugs prohibited, immunity for school staff administering medications and first aid, right to refuse)
Chapter 178, Special Schools and Instruction and Special Districts
Chapter 188, Abortion
Chapter 191, Smoking Regulations

Missouri Department of Health and Senior Services Rules

13 CSR 40-62.010-192 Rules relating to health issues in day care centers, including those operated by public school districts.

19 CSR 20-101-060 Rules regarding prevention, control, and reporting of communicable diseases in schools.

19 CSR 20-28-010 Rules establishing minimum requirements for immunizations and enforcement of the immunization statute by schools.

29 CSR 20-20.092 Rule requires state blood-borne pathogen be consistent with OSHA standard as codified in 29 CFR 1910.1030.

29 CFR 1910.1030 Standards for occupational exposure to blood or other potentially infectious materials.

For complete text of Missouri Statutes and Rules, see http://www.moga.state.mo.us and click on “Missouri Revised Statutes.”

The Code of Federal Regulations can be located on the website of the National Archives and Records Administration at http://www.access.gpo.gov/nara/cfr/cfr-table-search.html.

Recommended Policies and Procedures

INTRODUCTION

School districts must have a comprehensive set of written, workable policies and procedures that protect the health and safety of students, are congruent with the philosophy of the school district, conform to state laws and regulations, and are based on professional standards.

General policies should be written by members of the school health advisory council (nurse, administrator, parent(s)/guardian(s), community health care providers, etc.) and approved by the local board of education.

Specific (working) policies and procedures should be written and approved by the advisory council. Employees must be knowledgeable of and adhere to policies and procedures in order to protect students, the district, and themselves.

The following policies are considered basic to the school health program:

1. Confidentiality
2. Communicable Disease Control
3. Care of Illness and Injury
4. Special Health Care Needs
5. Administration of Medications in Schools
6. Child Abuse and Neglect
7. Screening and Referral Programs

The policy should contain a general statement regarding the school district's belief regarding a specific issue.

The procedure portion should state what action is to be taken, who is responsible, and what documentation is necessary.

A policy is a guide for decision making or a "rule for action." A procedure is a "sequence of steps that should be followed in implementing plans."

-- **Susan Wold: *A Framework for Practice*, 1981**

CONFIDENTIALITY
Recommended Policy

Student health information shall be protected from unauthorized, illegal or inappropriate disclosure by universal adherence to the principles of confidentiality and privacy by all employees and volunteers. The information shall be protected regardless of source, i.e., oral, printed or electronic means, and regardless of type of record, record keeping or method of storage. These requirements of confidentiality shall apply to all student information including, but not limited to academic, family, social, economic and health. Health services personnel shall be knowledgeable about the district's implementation of the Family Education Rights and Privacy Act (FERPA), i.e., who can access health records, under what circumstances, and when information may be disclosed appropriately.

Local district procedures on confidentiality should:

1. Identify those who have access to student health records consistent with the Family Education Rights and Privacy Act (FERPA). For school staff, this would include those with a "legitimate educational interest" in order to fulfill his or her professional responsibilities. Except as permitted by FERPA, the district may not share information contained in student records, including medical and health information, without informed written consent from the parent(s)/guardian(s).

2. Identify the individual charged with maintaining student health records. This should normally be the building principal or his/her designee. Many principals delegate this responsibility to the school nurse; however, the principal must always have access.

3. Include a procedure for settling disputes regarding access to student health records.

4. Require student health records be maintained in a secure location, but accessible to those with a legitimate educational or medical need to know. Access to electronic records should be controlled by means of passwords to allow access to the appropriate level of information.

5. Require parental consent before student health records are released unless such release is permitted pursuant to FERPA, the Missouri Sunshine Law, or other applicable state or federal law.

6. Include procedures for protecting student health information that is not contained in student records subject to FERPA, such as student health information gathered by observation, communicated orally, or personal records kept by an individual and disclosed only to a substitute for that individual. For example, the district may require all student health information be reduced to writing and retained as a student record, or prohibit the discussion of health information in the hallways or other common areas where such discussions could be overheard.

7. Prohibit or restrict volunteer (non-employee) access to student health records. Require that volunteers that do have access to any student records sign a statement acknowledging the volunteer's obligation to protect the confidentiality of student records in accordance with the law and Board policy.

8. Require health records be maintained in accordance with the records retention schedule developed by the Missouri Secretary of State's office.

9. Outline the district's plan for training staff on confidentiality.

10. Include a statement that health personnel are obligated to notify the principal if informed of a condition that could require accommodation under federal law.

COMMUNICABLE DISEASE CONTROL
Recommended Policy

School districts share the responsibility for communicable disease control with parent(s)/guardian(s) and community health officials. Schools also share the responsibility for educating staff, parent(s)/guardian(s), and children about the value of immunization, good health practices, and communicable disease control.

Immunizations
Local district procedures regarding immunizations should:

1. Explain the requirements for immunization records as a condition for school admissions, including an explanation of what is considered satisfactory evidence of immunization, and applicable exceptions. This explanation should include resources for obtaining needed immunizations.

2. Include a procedure for receiving a medical or religious exemption from the requirements.

3. Include the procedure for admitting students who have not completed required immunizations, but are "in progress" of doing so.

4. Include an explanation of the federal law regarding the admission of homeless children and the procedures for addressing the immunization needs of these students. Under the McKinney-Vento Homeless Education Assistance Improvements Act of 2001, schools cannot have any policies that "may act as barriers to the enrollment of homeless children." The law specifically mentions policies pertaining to immunizations.

5. Include assurance that the district will file all reports regarding immunizations as required by law.

6. Explain the steps the district will take when students, who are not otherwise exempted, have not received the proper immunizations. District procedures should be developed with the goal of keeping children in school. Exclusion from school should be the action of last resort.

7. Describe how the district will monitor compliance with immunization requirements on an ongoing basis, including notifying parent(s)/guardian(s) when an immunization will become due.

Infectious Disease Control
Local district procedures addressing infectious disease control should:

1. Provide a written exposure control plan and training regarding the plan, including standard precautions, for all district staff on an annual basis.

2. Require all district personnel to exercise standard precautions to minimize the exposure to infectious diseases as a result of contact with bodily fluids.

3. Outline the district's plan, if any, for providing education regarding communicable disease control, including HIV infection, pursuant to Section 191.668, RSMo.

4. Include a statement that students with chronic infectious diseases will be permitted to attend school in accordance with the law. (See Appendix D.1, *Policy Guidance DESE.*)

5. Include a statement that all information received by the district concerning a person's HIV status will be confidential and disclosed only in accordance with Section 191.656, RSMo.

CARE OF ILLNESS AND INJURY
Recommended Policy

The school district shall be responsible for the appropriate handling of injuries and sudden illness occurring at school, on school property, or during school-sponsored events. This includes providing first aid and notifying parent(s)/guardian(s). The district is not responsible for subsequent treatment or medical expense incurred after the administration of first aid.

Local district procedures should include:

1. A statement that the district will keep an emergency card on file for each student. This card should include the designation of the person to contact in case of illness or injury, and an alternate(s) if that person cannot be reached, their current contact information, the name of the child's physician or managed care provider, a hospital preference, and other significant information such as allergies, religious beliefs, etc., that the parent(s)/guardian(s) determines is appropriate. The form should be updated annually and kept on file in a location readily accessible by district personnel.

2. A statement that, in case of an accident or sudden illness, the district will give appropriate first aid, or treatment, contact emergency medical services (EMS) personnel if appropriate, and contact the parent(s)/guardian(s) or designated contact. This should include a description of the procedure to notify administration in the event that EMS personnel are called to the school. The cost of EMS services will be the responsibility of the parent/guardian.

3. A statement that the names of persons trained in cardiopulmonary resuscitation and those that should be contacted in life-threatening situations will be available in each classroom and posted in other appropriate locations.

4. Instructions to staff to file incident reports as soon as possible after witnessing or experiencing an intentional or unintentional injury. A copy of all reports should be provided to the building administrator and the nurse.

5. Procedures to be followed in the event of illness at school. Health paraprofessionals or individuals acting as a temporary substitute for the professional nurse should have written protocols to follow in evaluating students. The evaluation should include a) history of symptoms with particular notice of signs and symptoms of a communicable disease, b) presence of an elevated temperature, and c) physical assessment as indicated by symptoms. Students should be isolated until a judgment has been made by a professional nurse or physician, or by paraprofessionals using written protocols (should specify source of written protocols).

6. A statement that in case of illness during the school day, the school nurse, in consultation with parent(s)/guardian(s) when available, will determine the appropriate course of action including whether the child should be released from school. Transportation and supervision of children released from school shall be the responsibility of the parent/guardian or their alternate as specified on the emergency card.

7. If the district purchases automated external defibrillators, an explanation of the district's plan for training personnel to use the devices. If applicable, the location of any automated external defibrillator should be posted as well. Procedures should be in place for the maintenance of equipment and supervision of trained personnel.

8. Procedures for involving the school nurse in the district response to bioterrorism threats and other emergency preparedness activities.

ADMINISTRATION OF MEDICATIONS IN SCHOOLS
Recommended Policy

It is generally recognized that some students may require medication for chronic or short-term illness during the school day to enable them to remain in school and participate in their education.

Unless specifically included in the IEP of a student receiving special education services or a Section 504 Accommodation Plan, the school district is not obligated to administer medications to students. The superintendent, in collaboration with the district's school nurses or public health nurses, will establish administrative procedures for administration of all medications pursuant to state and federal laws. Prescribers should be encouraged to write prescriptions for medications to be given outside of school hours whenever possible.

A health professional, licensed to prescribe by a state regulatory body, may recommend that an individual student with a chronic health condition assume responsibility for their own medication as part of learning self-care, e.g., inhalers used for asthma. Self-administration of medication may be allowed if certain conditions are met.

Administration of medication is a nursing activity that must performed by a registered professional nurse or a licensed practical nurse. A registered professional nurse may delegate the administration of medications to unlicensed personnel provided they are trained and supervised by the delegating nurse.

Nurses must use reasonable and prudent judgment to determine whether or not to administer particular medications at school while working in collaboration with parent(s)/guardian(s) and school administration. To protect the health and safety of students, the nurse will clarify, when necessary, any medication order. The district will not administer the first dose of any medication. The school nurse will not, without clarification from the prescriber, administer any medication if the dosage exceeds the recommendations of the manufacturer.

Local district procedures should include:

1. Instructions for providing the school district with standing orders, annually, at the beginning of each school year regarding the administration of medications in emergency situations such as a severe allergic reaction or anaphylaxis. The standing order must include the protocol to follow and who may administer the medication. A registered nurse will train designated personnel in the proper administration of the medication. Parent(s)/guardian(s) of students with known severe allergic reactions must supply the medication, which along with the standing order, will be maintained in a secure location.

2. Procedures to be followed when a student requires prescription medication to be administered at school, including obtaining a physician request/order (may stipulate that prescription label will serve as physician order). The school nurse is responsible for verifying the physician order, and documenting information regarding the prescription in the student's health record.

3. A requirement that all medications, prescribed and over-the-counter (OTC), only be administered upon written request from a parent/guardian.

4. Procedures for allowing privacy for students receiving medication.

5. A statement that OTC drugs, including herbal preparations, will not be dispensed in excess of the manufacturer's recommended dosage.

6. A statement that the district will not knowingly administer prescription medications in amounts exceeding the recommended daily dosage listed in the Physician's Desk Reference (PDR) or other similarly recognized text.

7. Assurance that medication will be administered in accordance with the student's Individualized Education Plan (IEP) or Section 504 Accommodation plan, if applicable.

8. A statement that all medication must be delivered to the building principal or designee in a properly labeled container from the pharmacy, or in a manufacturer's packaging.

9. An explanation of the responsibilities of all school personnel in the administration of medications consistent with district policy and including an explanation of the procedures for training unlicensed personnel in the administration of medications with specific procedures and limits for unlicensed personnel in the administration of medications. The nurse is responsible for determining what medications can be safely administered by paraprofessionals and unlicensed personnel. The decision regarding delegation is based on the student's health status, the medication to be administered, and as allowed by the state nurse practice act. (See Missouri State Board of Nursing Position Statement on Use of Unlicensed Assistive Personnel, Appendix C.4.)

10. An explanation of the district's procedures for permitting the self-administration of medications by way of a metered-dose inhaler by students with potentially life-threatening respiratory illnesses. All such procedures must reflect the requirements of Section 167.627 RSMo and include written authorization from the parent(s)/guardian(s), including a medical history of the illness:
    - a plan of action for addressing emergency situations (Asthma Action Plan/Asthma Quick Relief Emergency Plan);
    - written certification from a physician attesting to the student's need for, and ability to self-administer the medication;
    - a statement from the district that the district assumes no liability as a result of injury arising from self-administration; and
    - a requirement that this authorization be renewed annually.

    In addition, there should be a description of the nurse's role in assuring safe self-administration of medication, including observation of student's techniques and adherence to prescription.

11. A procedure for documenting administration of medications, both routine and as needed. This information should be documented on an individual medication record that includes the student's name, prescriber, pharmacy, prescription number, drug, dose, date, time, and name or initials of persons administering the medication. The record should provide space for the full signature of the individuals administering the medication. Individual medication records may be kept in a "medication notebook," then filed in the student's individual health record when completed, at the end of the year, or when the student transfers or withdraws from school. All documentation shall be completed in ink.

12. Procedures for collection, storage, and delivery of medications.

13. Procedures for governing access to medications. These procedures must be restrictive enough to protect medications from improper distribution, but flexible enough so that medications can be accessed when needed.

14. (If applicable). Notice that schools in the district are equipped with epinephrine pre-measured auto-injection devices that can be administered in the event of severe allergic reaction causing anaphylaxis. This notice should include a list of personnel trained in the proper administration of this drug. Epinephrine will only be administered in accordance with written protocols provided by the prescriber.

Handling, Storage and Disposal of Medications

1. The school district must provide secure, locked storage for all medications to prevent diversion, misuse or ingestion by another individual. Schedule II controlled substances, e.g., Ritalin, should be inventoried upon receipt, and daily by the person routinely administering the drug. The record of the drug count should be maintained in a log, or on the student's medication record. Any count discrepancies should be reported to the school nurse to enable further investigation. *It is recommended that schools provide a double-locked storage for controlled substances, i.e., a locked box in a locked cabinet or room. The Bureau of Narcotics and Dangerous Drugs (BNDD) may be contacted as a resource if assistance is desired regarding record keeping, storage, disposal, etc. of controlled substances. BNDD may be contacted at the Missouri Department of Health and Senior Services, 573-751-6321.*

2. Expiration dates on any medications must be checked on a routine basis.

3. Access to stored medications should be limited to the building principal and persons authorized to administer medications and to self-medicating students. Students who are self-medicating should not have access to other student's medications. Access to keys should be restricted to the extent possible.

4. Develop written procedure for administration of medication during field trips, including delegation, proper labeling and storage of single dose, and method of documentation of administration.

5. A parent/guardian may retrieve their student's medication from the school at any time.

6. When possible, all unused, discontinued or outdated medication should be returned to the parent/guardian, and the return documented. With parent/guardian consent, medications may be destroyed by the school nurse, witnessed by another individual, and appropriately documented. All medications should be returned/destroyed at the end of the school year.

Role of the School Nurse in Medication Administration

The administration of medications in schools, including over-the-counter (OTC) medications, is a nursing activity that must be under the control of a registered professional nurse and/or licensed practical nurse. A registered nurse may delegate, train, and supervise the administration of medication by unlicensed personnel who are qualified by education, knowledge and skill to administer medication. *(See Medication Administration in Missouri Schools, Guidelines for Training School Personnel, DHSS, 2004*).

It is the responsibility of the registered professional nurse to:

1. Document the training, education, competency verification, and supervision of unlicensed personnel who are delegated medication administration. A registered nurse may delegate the training of unlicensed personnel to licensed practical nurses who have demonstrated the competency to provide such training. The nurse must periodically monitor medication administration procedures of those trained by the nurse and licensed practical nurse.

2. Provide product information, safe dosage limits, side effects, drug interactions, adverse reactions, emergency procedures, and other pertinent drug information as indicated.

3. Ensure medications originate from an order from an authorized prescriber and are appropriate, labeled, administered as prescribed and documented appropriately.

4. Provide for safe, appropriate storage of medication.

5. Monitor the use of OTC medications and discourage the use of medication that might mask health problems, or send the wrong message to students regarding drug use.

6. Communicate to the parent/guardian and/or authorized prescriber the effect of the medication on the student's performance and behavior, and apprise them of frequent requests for medication that has been prescribed "as needed."

7. Establish procedure to document any situations where the medication is not given as prescribed, i.e., refusal, vomiting, spilled or lost, etc.

8. Establish a written procedure for dealing with questionable medication orders/requests, including herbal preparations and OTC medications, and the manner in which refusal to give medication due to a concern for the safety of the student is handled. The nurse has a right to refuse to administer any medication the nurse believes is not in the best interest of the student, due to dosage, side effects or other concerns. This issue of nurse refusal should be covered in Board-approved policy. This situation may require the development of a 504 Accommodation Plan if the parent(s)/guardian(s) request the medication still be administered in school.

(The Missouri School Boards Association has a sample medication policy that may be utilized for individual district policy development).

CHILD ABUSE AND NEGLECT
Recommended Policy

School personnel are in a unique position to help children, families and the community in dealing with the issue of child abuse and neglect. The school setting enables teachers and nurses to observe students over time and to identify appearance and behavior that is unusual. Reporting the suspicion of abuse and neglect is mandated by Section 210.115, RSMo, (revised 2004), for all specified caretakers of children. School personnel recognize that reporting suspicion is not an accusation, but a request that a helping process begin.

Local district procedures should include:
1. A statement that the Board of Education requires its staff members to comply with the state child abuse and neglect laws and the mandatory reporting of suspected neglect or abuse.

2. An explanation of the procedure for reporting. In most cases, the procedure will require staff to report suspicions to a designated individual (usually the principal or nurse) who will then become responsible for making a report via the Child Abuse Hotline as required by law.

3. A statement of a good faith reporter's immunity from civil or criminal liability.

4. A statement that no policy or procedure precludes any employee from directly reporting abuse or neglect. However, the school official or employee must notify the building principal or designee immediately after making a report.

5. A statement that, unless otherwise required by law, it shall not be the responsibility of the school official or employee who initiated the report to investigate or prove that the child has been neglected or abused.

6. The name the person(s) designated by the superintendent as the public school liaison(s). That information must be forwarded to the local office of the Children's Division (CD) of the Department of Social Services.

7. A description of the liaison's responsibilities including the responsibility to develop protocol in conjunction with the chief investigator of the local division office to ensure the information regarding the status of a child abuse or neglect investigation is shared with appropriate school personnel.

8. Assurance that all written information received by a public school liaison or the school shall be subject to the provision of the Family Rights and Privacy Act (FERPA).

9. Assurance that each staff member has access to the child abuse and neglect reporting policy.

10. Provision for training and information necessary to assist staff members in identifying possible incidences of child abuse and neglect, including annual updates regarding any changes in the law.

11. Procedures for interviewing suspected victims of abuse or neglect at school that is minimally disruptive to the child's education while still providing the child with needed services.

12. An explanation of the procedures to be followed when a member of the school staff is the suspected abuser.

13. Procedures for providing teachers, students and parent(s)/guardian(s) with a planned program of personal safety awareness and methods for preventing sexual abuse.

SCREENING AND REFERRAL PROGRAMS
Recommended Policy

Screening is the use of a procedure to examine a large population to determine the presence of a condition or risk factor in order to identify those who need further evaluation. Screening programs in schools are designed to examine populations at highest risk, at a time when early intervention has the most benefit. Best practices indicate which screenings are most appropriate in the school setting. Follow-up of referrals for further evaluation is the best measure of the screening program.

Local district procedures should include:
1. A definition of screening, including the purpose of screening the targeted populations.

2. A plan for assessing the district screening needs based on best practice recommendations, resources for screening and referral, and results of former screening programs.

3. A calendar reflecting the approximate dates for screenings, re-screenings and follow-up that is coordinated with the overall school calendar.

4. Identification of personnel to be utilized in the screening process. To conserve professional time, properly trained lay individuals (volunteers) may be used to perform or assist in screening.

5. Assurances that parent(s)/guardian(s) will be advised of any scheduled health screening and given the opportunity to exclude their child, and advised of the results of the screenings.

6. The district's plan for explaining the purpose of the screening and how the screening will be administered to students as part of the prescreening health education.

7. Description of the follow-up activities of a screening including parent notification of positive and negative results, recommendations for further evaluation, and assistance that may be available. The procedure should include how the staff will maintain contact with parent/guardian once a health concern is identified in order to determine what, if any, action was taken and how referral follow-up will be documented in the student's health record.

8. Procedures for parent(s) to use to consult with district staff regarding the results of any screening.

9. A requirement that appropriate district staff be informed if a screening reveals the possible need for classroom adaptations, special education services or other accommodations, and a procedure for communicating the information.

10. A requirement that the special education director be informed if a health screening indicates that a student may be in need of special education services or an accommodation plan.

SPECIAL HEALTH CARE NEEDS
Recommended Policy

Pursuant to the Individuals with Disabilities Education Act, the Americans with Disabilities Act and the Rehabilitation Act of 1973, the district will provide health care to allow students with disabilities an equal opportunity to participate in the district's educational program; and as a related service as is required to allow a child with a disability to benefit from the special educational services the child is receiving. The registered professional nurse(s) employed by the district is responsible for designing an appropriate, holistic health plan for students with special needs in cooperation with the director of special services and in accordance with the student's IEP or 504 Accommodation Plan.

Local district procedures should include:
1. Procedures identifying the school nurse's duties in the identification of students who may be eligible for special services. These duties include participation in screenings and observations, input regarding necessary health services and the level of personnel required to provide those services and the development of the Healthcare Action Plan, if appropriate (See *Manual for School Health Programs*, Appendix F.5).

2. A description of how the nurse will collaborate in identification of all pertinent medical/health information, including sensory competency and health status assessments prior to a scheduled staffing to discuss the student's special needs.

3. Procedures for the nurse to make recommendations for the health care portion of an individualized education plan (IEP), if appropriate (special care procedures, physical environment, medication effects, activity limitations, equipment, etc.). For students not served through special education services, but who have significant health needs, the nurse will determine the need for a written emergency action plan (EAP school plan for meeting the emergency needs), an individual healthcare plan (IHP) to guide nursing care, and/or an individual health care action plan for school personnel dealing with students requiring specialized nursing care.

4. Procedures for the nurse's role in the development of a Section 504 accommodation plan, if needed.

5. Procedures for the nurse to review health-related plans at least annually, evaluate the status of health problems and their possible impact on the educational process, and revise goals, objectives and plans as needed. The plan should include support for the student to self-manage his/her health condition in the school setting, as age-appropriate.

6. Description of how the nurse will participate in the implementation of the Health Care Action Plan, including the supervision of the caregiver, the education of the student, parent/guardian and staff regarding the health plan, as indicated.

7. Procedures for utilizing the expertise of the nurse in consultation with special education services regarding students who may need homebound instruction (see Appendix C.13).

DO NOT RESUSCITATE (DNR) ORDERS
Recommended Policy

Students with special health care needs of varying severity are enrolled in school, with accommodation for their special needs. School staff members will provide first aid or emergency care to students in case of sudden illness and injury, to the level of their expertise. The district will maintain staff trained in appropriate care, and utilize emergency medical services as needed. Special accommodations and plans will be made for students for whom a Do Not Resuscitate Order (DNR) is presented.

Local district procedures should include:

1. Procedures to be followed when a parent presents a DNR order for their child. If consultation with the parent(s)/guardian(s) and the medical provider provides convincing evidence that a DNR order is their recommendation and is appropriate, an individually designed medical resuscitation plan may be incorporated into the student's individual health plan for life-threatening situations. The school nurse, parents, physicians, teachers, and student, when appropriate, shall be involved in the development of the plan. The plan shall not deny all life-sustaining activities, but shall describe emergency procedures appropriate for this student. The emergency action plan (EAP) should state the procedure to be followed in the event of respiratory or cardiac arrest. The parent/guardian are responsible for communicating with Emergency Medical Services (EMS) likely to respond to the event in order to understand their rules and limitations.

2. If the student is receiving Special Education Services, the IEP committee will be convened to review the student's program and placement to determine appropriateness.

3. If the parent of a student not receiving Special Education services presents a DNR order to the nurse, she will immediately contact the building administrator to request a meeting to develop a response.

HEAD LICE
Recommended Policy

Head lice infestations are common in school settings. Transmission occurs by direct contact with the head of another infested individual. Indirect spread through contact with combs, brushes or hats is unlikely. Head lice are often diagnosed in schools, but transmission usually occurs at home or in the community. The presence of nits reflects an infestation of weeks to months. Classroom and school-wide routine screenings are not shown to be cost-effective or effective in reducing head lice infestations over time. Head lice do not carry disease, and therefore otherwise healthy students should not be excluded from school attendance because of nits or lice. (*American Academy of Pediatrics, School Health Policy and Practice, 2004*)

Local district procedures should include:

1. Description of school and community education regarding diagnosis, treatment, and prevention of head lice. This should include information sheets in different languages, and the availability of visual aids for families with limited language skills.

2. Procedure for screening selected groups of students when there is evidence of more than a few cases in a classroom.

3. Procedure for notifying parent(s)/guardian(s) of the presence of nits and/or live lice. Parent(s)/Guardian(s) should be notified, but students should not be excluded from school or from bus transportation. Students with live lice should be asked not to return to school the next day until treated.

4. Procedure for monitoring level of lice infestation in school/district.

Appendix D.1

Policy Guidance on Communicable Diseases

The continuing expansion of medical knowledge about communicable diseases and expanding statutory and case law on the rights of individuals who may have the diseases make it imperative that local boards of education routinely review their policies and procedures for dealing with communicable diseases to make sure they are both legal and effective.

The State Board of Education periodically reviews and updates its policy guidance on communicable diseases and distributes the revised document to public schools. The policy guidance was last revised in November 1995. Throughout the document, reference is made to *Infection Control Procedures for Schools*, published by the Missouri Department of Health and Senior Services (see Appendix D.2).

The State Board of Education recommends that all local boards of education review their policies and procedures and make adjustments where necessary. The policy guidance was approved by the Missouri State Board of Education in October 1987, and revised in October 1988, June 1989, and November 1995.

COMMUNICABLE DISEASE – STUDENT

Purpose
The school board recognizes its responsibility to protect the health of students and employees from the risks posed by infectious diseases. The board also has the responsibility to uphold the rights of affected individuals to privacy and confidentiality, to attend school, and to be treated in a nondiscriminatory manner.

Immunization
Students cannot enroll and/or attend school unless immunized as required by Missouri law.

Universal Precautions
The district requires all staff to routinely observe universal precautions to prevent exposure to disease-causing organisms, and the district shall provide necessary equipment/supplies to implement universal precautions.

Categories of Potential Risk
Students with infectious diseases that can be transmissible in school and/or athletic settings (such as, but not limited to, chicken pox, influenza, and conjunctivitis) should be managed as specified in: a) the most current edition of the Missouri Department of Health and Senior Services document entitled: *Prevention and Control of Communicable Diseases: A Guide for School Administrators, Nurses, Teachers, and Day Care Operators*, b) the documents referenced in 19 CSR 20-20.030, and c) in accordance with any specific guidelines/recommendations or requirements promulgated by the local county or city health departments.

A student infected with a blood-borne pathogen such as hepatitis B virus (HV), hepatitis C virus (HCV), or human immunodeficiency virus (HIV) poses no risk of transmission through casual contact to other persons in a school setting. Students infected with one of these viruses shall be allowed to attend school without any restrictions which are based solely on the infection. The district cannot require any medical evaluation or tests for such diseases.

Exceptional Situations: There are specific types of behaviors (for example, biting or scratching) or conditions (for example, frequent bleeding episodes or uncoverable, oozing skin lesions) which could potentially be associated with transmission of both blood-borne and non blood-borne pathogens. No student, regardless of whether he or she is known to be infected with such pathogens, should be allowed to attend school unless these behaviors or conditions are either absent or appropriately controlled in a way that avoids unnecessary exposure. In these exceptional instances, an alternative educational setting may be warranted. In certain instances, a designated school administrator may want to convene a review

committee. The number of persons on the review committee should be limited. It is recommended that members be limited to: 1) parent(s)/guardian(s), 2) medical personnel (student's physician, the school nurse), 3) building administrator, 4) superintendent and/or designee. Local health department officials may be consulted and/or included as members of the review team. If the student is identified has having a disability, any change of placement would need to be effected through the Individualized Education Plan (IEP) process. In the case of a student who is disabled, but not identified under the Individuals with Disabilities Education Act (IDEA), any change of placement would need to be effected through a multidisciplinary team meeting.

Specific mechanisms should be in place to ensure the following are consistently done:
1. All episodes of biting, and all children who exhibit repeated instances of significant aggressive behavior, should be reported to the designated school administrator.
2. The school nurse, and the designated school administrator when appropriate, should be informed of any child who has recurrent episodes of bleeding or who has uncoverable, oozing skin lesions.
3. The school nurse, and the designated school administrator when appropriate, should be promptly informed of any child with an illness characterized by a rash.
4. The school nurse, and designated school administrator when appropriate, should be informed promptly of any instance in which the significant potential for disease transmission occurs.

Confidentiality
The superintendent or designee shall ensure the student's confidentiality rights are strictly observed in accordance with law: Missouri law, Section 191.689 RSMo, 1994 identified two groups of people within a school system who could be informed of the identity of a student with HIV infection on a "need to know" basis. They are:
1. Those designated by the school district to determine the fitness of an individual to attend school (see recommended review committee membership listed above); and
2. Those who have a reasonable need to know the identity of the child in order to provide proper health care.

Examples of people who need to know are: school nurse, review team members, and IEP team if applicable. Security of medical records shall be maintained. Breach of confidentiality may result in disciplinary action, a civil suit, and/or violation of the federal Family Rights and Privacy Act (FERPA).

Education – Student
All students should receive age-appropriate education about the prevention and control of communicable diseases, to include the use of universal precautions. Instruction should be incorporated within a comprehensive school health curriculum in grades K-12 as stated in the Missouri School Improvement Program Standards.

Reporting and Disease Outbreak Control
Reporting and disease outbreak control measures will be implemented in accordance with state and local laws and Department of Health and Senior Services' rules governing the control of communicable diseases dangerous to public health, and any applicable rules promulgated by the appropriate county or city health department.

Notification
Superintendents who supply a copy of a board-approved policy that contains provisions substantially similar to this guideline to the Department of Health and Senior Services (DHSS) shall be entitled to confidential notice of the identity of any district child reported to the department as HIV-infected and known to be enrolled in the district – whether in a public or private school *(DHSS cannot comply with this provision.)* The parent(s)/guardian(s) are also required to provide such notice to the superintendent.

Review
Districts should periodically review their policies and procedures and make revisions when necessary.

Approved:
Legal references: Sections 167.191, 191.650-.730 RSMo
Americans with Disabilities Act (42 U.S.C. 12101 et seq.)
PL 94-142 Individuals with Disabilities Education Act of 1973 (20 U.S.C. 1400 et seq.)
PL 92-112, Section 504 of the Rehabilitation Act of 1973
19 CSR 20-20.010 through 20.20.060 and 20.28.010

COMMUNICABLE DISEASE – EMPLOYEE

Purpose
The school board recognizes its responsibility to protect the health of students and employees from the risks posed by infectious diseases. The board also has the responsibility to uphold the rights of affected individuals to privacy and confidentiality, to continue their employment, and to be treated in a nondiscriminatory manner.

Universal Precautions
The district requires all staff to routinely observe universal precautions to prevent exposure to disease-causing organisms, and the district shall provide necessary equipment/supplies to implement universal precautions.

Categories of Potential Risk
Employees with infectious diseases that can be transmissible in school and/or athletic settings (such as, but not limited to, chicken pox, influenza, and conjunctivitis) should be managed as specified in: a) the most current edition of the Missouri Department of Health document entitled: *Prevention and Control of Communicable Diseases: A Guide for School Administrators, Nurses, Teachers, and Day Care Operators* and b) the documents referenced in 19 CSR 20-20.030 and c) in accordance with any specific guidelines/ recommendations or requirements promulgated by the local county or city health department. A medical release may be required of the employee in certain circumstances.

An employee infected with a blood-borne pathogen such as hepatitis B virus (HV), hepatitis C virus (HCV), or human immunodeficiency virus (HIV) poses no risk of transmission through casual contact to other persons in a school setting. Employees infected with one of these viruses shall be allowed to continue work without any restrictions which are based solely on the infection.

Exceptional Situations: There are certain specific conditions (for example, frequent bleeding episodes or uncoverable, oozing skin lesions) which could potentially be associated with transmission of both blood-borne and non blood-borne pathogens. No employee, regardless of whether he or she is known to be infected with such pathogens, should be allowed to continue work unless these conditions are either absent or appropriately controlled in a way that avoids unnecessary exposure.

Specific mechanisms should be in place to ensure the following are consistently done:
1. The school nurse, and the designated school administrator when appropriate, should be informed of any staff member who has recurrent episodes of bleeding or who has uncoverable, oozing skin lesions.
2. The school nurse, and the designated school administrator when appropriate, should be promptly informed of any employee with an illness characterized by a rash.
3. The school nurse, and designated school administrator when appropriate, should be informed promptly of any instance in which the significant potential for disease transmission occurs.

Confidentiality
The superintendent or designee shall ensure the employee's confidentiality rights are strictly observed in accordance with law. Security of medical records shall be maintained. Breach of confidentiality may result in disciplinary action, and/or a civil suit.

Training – Employee
All employees should receive training annually on universal precautions and the Communicable Disease Policy.

Testing – Employee
Requiring medical evaluations or tests of employees will not normally be authorized under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. Schools may require post-offer, pre-employment, or annual physical examinations if the exam is job-related and if conducted on all employees or applicants for similar positions. Requiring medical evaluations or tests for infection with blood-borne pathogens is not allowed by law.

Reasonable Accommodations
Districts should develop procedures to respond to employee requests for reasonable accommodations when an employee has a disability as defined by Section 504 and/or the ADA.

Reporting and Disease Outbreak Control
Reporting and disease outbreak control measures will be implemented in accordance with state and local laws and Department of Health and Senior Services' rules governing the control of communicable diseases dangerous to public health, and any applicable rules promulgated by the appropriate county or city health department.

Review
Districts should periodically review their policies and procedures and make revisions when necessary.

Approved:
Legal references: Sections 167.191, 191.650-.730 RSMo
Americans with Disabilities Act (42 U.S.C. 12101 et seq.)
PL 94-142 Individuals with Disabilities Education Act of 1973 (20 U.S.C. 1400 et seq.)
PL 92-112, Section 504 of the Rehabilitation Act of 1973
19 CSR 20-20.010 through 20.20.060 and 20.28.010

This document may be retrieved from the Department of Elementary and Secondary Education website at http://dese.mo.gov/divimprove/curriculum/hiveducation/policy.html.

Appendix D.2

Infection Control Procedures for Schools

General Procedures for Preventing Transmission of Infectious Diseases in School Settings

Having direct contact with the body fluids of another person can potentially provide the means by which many different infectious diseases can spread. Some examples of body fluids which transmit infection, and some of the diseases that can result, include the following:

Body Fluid	Diseases Spread Through Contact with this Body Fluid
Eye discharge	Conjunctivitis (pink eye)
Nose or throat discharge	Colds, influenza, parvovirus B19 (Fifth's disease)
Blood	Hepatitis B, C, HIV
Feces	Hepatitis A, shigellosis, giardiasis
Urine	Cytomegalovirus

It is important to remember that any person could potentially have disease-causing organisms in their body fluids, even if they have no signs or symptoms of illness. Consequently, the following recommendations should be followed in **all** situations, not just those involving an individual known to have an infectious disease.

In the school setting, it is recommended that reasonable steps be taken to prevent individuals from having direct skin or mucous membrane contact with any moist body fluid from another person. Specifically, **direct contact should be avoided** with all the following:

1. Blood (preventing exposure to blood or blood-contaminated body fluids is discussed in more detail in the following section on standard precautions);
2. All other body fluids, secretions, and excretions regardless of whether or not they contain visible blood;
3. Non-intact skin (any area where the skin surface is not intact, such as moist skin sores, ulcers or open cuts in the skin); and
4. Mucous membranes.

If hands or other skin surfaces are contaminated with body fluids from another person, washing with soap and water should take place as soon as possible.

In general, standard medical vinyl or latex gloves should be worn whenever the possibility of direct contact with any body fluid with another person is anticipated. Gloves should be available and easily accessible in any setting where contact with body fluids could take place. Hands should always be washed immediately after removal of gloves. Pocket masks or other devices for mouth-to-mouth resuscitation should be available.

Mucous membranes cover the eyes and the inside of the nose and mouth, along with certain other parts of the body. In a school setting, avoiding mucous membrane contact with body fluids means, for practical purposes, that one does not get these fluids in one's eyes, nose or mouth. This can generally be accomplished by not rubbing the eyes with one's hands, and not putting the hands or anything touched by unwashed hands (such as food) in one's mouth. Good handwashing is vital to preventing mucous membrane exposure to disease-causing organisms.

Additional steps to reduce the risk of transmission of communicable diseases in the school setting include the following:

1. Toilet tissue, liquid soap dispenser, and disposable towels should always be available in all restrooms. All children should be taught proper handwashing and encouraged to practice this after using the restroom.
2. All children should wash their hands, with direct supervision as necessary, before eating.
3. Children should be discouraged from sharing food, personal grooming items, and cosmetics.
4. Younger children should be discouraged from placing others' fingers in their mouths, or their own fingers in the mouths of others, and from mouthing objects that others might use.
5. Proper sanitation procedures must be followed with regard to food handling and preparation, control of insects and rodents, and proper disposal of solid waste.

Standard Precautions

Standard Precautions (formerly universal precautions) is the term now used to acknowledge that any person's body fluids, including blood, may be infectious, and includes the need to use personal protective devices such as gloves, masks or clothing to prevent exposure to body substances. These precautions include:

- Wearing disposable gloves for contact or anticipated contact with any person's blood or body fluids;
- Wearing protective gown/apron if soiling of clothes is likely;
- Wearing goggles and/or mask as appropriate when splashing of blood/bloody fluids is likely; and
- Always washing hands after removing gloves or when hands have come in contact with blood or any body fluid/excretion.

In addition:

1. If any body fluids come into contact with the mucous membrane surfaces of the nose or mouth, the area should be immediately flushed with water. If the mucous membrane surfaces of the eye are contaminated, there should be irrigation with clean water, or with saline solution or sterile irrigants designed for this purpose.
2. Precautions should be taken to avoid injuries with sharp instruments contaminated with blood. Needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, and other sharp items should be placed in puncture-resistant, leak-proof containers for disposal; the puncture-resistant containers should be located as close as practical to the use area. School districts should have a clear procedure for sharps usage and disposal.
3. Persons providing health care who have exudative skin lesions or weeping dermatitis should refrain from all direct patient care, and from handling patient-care equipment, until the condition resolves.

The Missouri Code of State Regulations, 19 CSR 20-20.092, promulgated under the authority of Section 191.640 RSMo, requires that "the blood-borne pathogen standard governing public employers in the state of Missouri having employees with occupational exposure to blood or other potentially infectious materials shall be the standard of the Occupational Safety and Health Administration as codified in 29 CFR 1910.1030. The rule establishes the current standard of practice with regard to the prevention of transmission of infectious blood-borne agents in occupational settings, and it contains good public health and risk management policies. School administrators and other school personnel who are involved in making health policy decisions should become familiar with this rule and consider, in consultation with appropriate legal counsel, adopting the policies that it describes, including the development of an exposure control plan. Such an exposure control plan should contain a statement on providing hepatitis B vaccine to appropriate school staff (August, 2001).

The Occupational Safety and Health Administration (OSHA) guidelines and the standard adopted by the Missouri Department of Health and Senior Services also requires:

- Persons who, as part of their assigned occupational duties, may reasonably be expected to have contact with blood should be vaccinated with hepatitis B vaccine. Vaccination of all school staff is neither feasible nor necessary. However, certain staff are assigned duties which could place them at increased risk of infection from hepatitis B. These individuals should be provided, free of charge, three doses of hepatitis B vaccine. Such individuals include:

    1. The person(s) assigned primary responsibility for providing first aid;
    2. Special education/early childhood development personnel who may have contact with children infected with hepatitis B. These children may have special behavioral and/or medical problems which increase the likelihood of hepatitis B transmission; and
    3. The person(s) assigned primary responsibility for cleaning up body fluid spills.

A person who has been offered hepatitis B vaccine but refuses to receive it should be required to sign a statement indicating the vaccine was offered but he/she chose not to be vaccinated.

School nurses (RNs and LPNs) licensed under Chapter 335, RSMo, are required, according to Section 191.694 RSMo, to adhere to standard precautions, including the appropriate use of handwashing, protective barriers, and care in the use and disposal of needles and other sharp instruments.

Procedures for Cleaning Spills of Blood or Other Body Fluids

1. Absorbent floor-sweeping material should be used to cover larger body fluid spills.

2. Wear sturdy, non-permeable gloves and other protective clothing as necessary.

3. Use disposable absorbent towels or tissues, along with soap and water, to clean the area of the spill as thoroughly as possible.

4. All surfaces that have been in contact with the body fluids should then be wiped with a disinfectant. Any EPA-approved disinfectant can be used. A 1:100 dilution of household bleach can also be used (this solution should not be mixed in advance because it loses its potency). After the disinfectant is applied, the surface should either be allowed to air dry, or else to remain wet for 10 minutes before being dried with a disposable towel or tissue.

5. If the gloves worn to clean up the spill are reusable rubber gloves, they should be washed with soap and running water prior to removal. Disposable gloves should be placed in an impermeable plastic bag. Regardless of the type of gloves used, care should be taken during glove removal to avoid contamination of the hands. However, whether or not any known contamination occurs, the hands should be thoroughly washed with soap and water after the gloves are removed.

6. If the person doing the clean up has any open skin lesions, preparations should be taken to avoid direct exposure of the lesions to the body fluids.

7. If direct skin exposure to body fluid accidentally occurs, the exposed area should be thoroughly washed with soap and water for at least 15 seconds.

8. It is necessary to keep one or more clean-up kits on hand for blood/body fluid spills. The clean up kit should consist of the following items:

    - Absorbent floor-sweeping material
    - Liquid soap
    - Disinfectant
    - Small buckets
    - Rubber or plastic gloves
    - Disposable towels or tissues
    - Impermeable plastic bags

All of these materials should be kept together in one or more central locations so that they are readily accessible.

CAUTION: Diluted bleach solutions, if utilized, should not be used for any other purpose than the clean-up described above. Mixing this solution with certain other chemicals can produce a toxic gas. Also, any EPA-approved disinfectant that is used should be diluted according to manufacturer's instructions. *It is not appropriate or necessary to add more disinfectant than the directions indicate. Doing so will make the disinfectant more toxic, and could result in skin or lung damage to those individuals using it.*

Missouri Department of Health and Senior Services
July 2005

Screening Program Recommendations and Standards

INTRODUCTION

A plan for health services screening programs in schools must be based on an assessment of needs, personnel, referral sources, time and facilities. Priorities must be determined for each area of screening, based on the ability to complete follow up for referrals. It is more desirable to screen fewer students and see that the referred problem is resolved than to simply identify numbers of students with possible deficits.

All screening programs should include an educational component. Students should understand the value of the screening and the implications of the outcome. Follow up should include quick notification of parent(s)/guardian(s) and teachers of possible deficits as well as suggestions for interim management and referrals sources, if needed.

A screening health history, assessment of physical growth, nutritional status, vision, hearing, dental and spinal screening (if age appropriate) would provide baseline health status data. If screening time were limited, the priority would be students new to the district for whom this information is not available. Any obvious health problem needs to be communicated to school personnel, with parent/guardian permission, and any necessary health care plans developed. All schools should recommend that students have a comprehensive health examination and dental check prior to starting school for the first time.

Well-Planned screening programs have a holistic child health focus and are important tools for achieving the objectives of the school health program.

-- Susan Wold: A Framework for Practice, 1981

HEALTH AND DEVELOPMENTAL HISTORY

Standard
Obtain on entrance (preschool, kindergarten, transfer at any grade) and update annually.

Recommendations
- All students entering the school system should have on file a comprehensive history covering prenatal, infancy and childhood periods, with information regarding personal health and family health history, illness/injury, immunizations, pertinent psychosocial history and utilization patterns and source of health care. The extent of the detail will depend on the student's age at the time of the history taking.

PHYSICAL GROWTH (NUTRITIONAL ASSESSMENT)

Standards
- Use a floor model beam scale that is calibrated on a regular basis. Set scale to zero before each measurement.
- Use a measuring device attached to a wall, with right angle device to measure height at the crown of the head.
- Weigh and measure twice to assure accurate measurement to within 1/8 inch and 1/4 pound.
- Use standardized charts to identify the Body Mass Index.
- Refer students whose measurements fall outside the norm (>95% or <5%) and whose health history does not reflect evaluation, and who may have other health risk factors.

Recommendations

- All students should receive an initial assessment of their health status, including physical growth, at entrance to school. Often this information can be found in a physical examination record and would not need to be repeated unless questionable. The weight for height (Body Mass Index –BMI) should be compared to norms for age. If routine measurements are done, they should be reviewed for normal rate of gain and for unusual gain/loss. Only students who fall outside the norm for their age need to be monitored. All available measurements (from birth on) should be charted to visualize patterns of growth. Students should then be assessed for contributing factors (diet and physical activity patterns) and the need for intervention.

Referral

- Students with a BMI above the 95th percentile for age and gender should be further assessed with an evaluation of diet and health history. These students are usually referred first to their primary health care provider. Students with a BMI between the 85th and 95th percentile should be monitored. Those falling below the 5th percentile should also be assessed further to determine if their physical growth has been evaluated by their health care provider, or is under medical supervision. If not, they should be referred. See Growth Screening Guidelines, Missouri DHSS, March 2005.
- Students who have had unusual weight gain or loss should be referred.

  (For BMI calculations, see www.keepkidshealthy.com/welcome/bmicalculator.html
  or www.nhlbi.com)

VISION

Standards

- Binocularity screening once between ages three to five;
- Distance vision using developmentally age-appropriate tests at entrance to school, and periodically;
- Use of HOTV, Lighthouse or other non-verbal tests for preschoolers;
- Use of Snellen E in grades K-3;
- Use of letter charts grades 4-12;
- Vision testing machines not recommended for screening below Grade 3;
- Rescreening at least once, same day if possible, before referral; and
- Additional screenings performed as indicated.

Recommendations

Screenings should be prioritized as follows:

- All students new to a school system (PreK, K and/or 1st grade, transfers);
- Special Education students (district compliance plan);
- Referrals from teachers, parent(s)/guardian(s), and self referrals from students; and
- Grades 3, 5, 7, 9 and 11 as resources permit.

Preschool and non-verbal students may require functional screening to determine visual ability; refer to *Vision Screening Guidelines*, Screening Infants and Toddlers section.

Referral

- Develop local criteria with eye care professionals, or refer to *Vision Screening Guidelines*, Missouri Department of Health and Senior Services, 2004.

HEARING

Standards

- Puretone audiometry at 1,000, 2,000 and 4,000 mhz, at 20 db.
- Impedance bridge (tympanometer) screening, when available, giving priority to youngest students.
- Otoscopy (if nurse has assessment skills and equipment).

Recommendations

Hearing screening should be prioritized as follows:

- All new students to a school system (PreK-Kindergarten);
- Special Education students (district compliance plan);
- Referrals from teachers, parent(s)/guardian(s), and students' self-referrals;
- "High risk" (failed previous screenings, repeating a grade, history of frequent ear infections, students with behaviors that are symptoms of hearing loss, etc.);
- As resources permit, screen Grades 1-3 with priority to younger students, early in the school year;
- Junior high, once as part of hearing conservation education;
- Senior high, once as part of hearing conservation and/or vocational education; and
- Preschool and non-verbal students may require functional hearing screening, refer to *Hearing Screening Guidelines*, Missouri Department of Health and Senior Services, (2004).

Referral

Develop local referral criteria with community health professionals or refer to *Hearing Screening Guidelines*, Missouri Department of Health and Senior Services, (2004).

DENTAL

Standards

Systematic sequence of visual inspection, using tongue blade and illumination:

1. Face and neck for lesions and palpate for swollen glands
2. Mucous membranes (lips, tongue, soft and hard palate, tonsillar area, and cheeks) for redness, exudates, swelling, blisters and growths
3. Teeth and gums:
    a. Evidence of dental caries
    b. Broken or chipped teeth
    c. Gross malocclusion
    d. Infection or swelling
    e. Bleeding or inflamed gums
    f. Changes in color, texture, position of gums, tissue
    g. Poor oral hygiene
    h. Foul breath

Recommendations

- As time and resources permit, screen students K-7 who do not report routine professional care, using a visual inspection of the mouth with light and tongue blade.
- Screen secondary students who have not reported routine care.
- Dental education should be a part of the inspection process.

Referral

Refer any student with gross oral or dental problems who is not receiving routine, comprehensive oral health care. Refer to *Dental Health Guide for School Nurses*, Department of Health and Senior Services, March 1998.

SPINAL SCREENING

Standards
- Screen for orthopedic developmental abnormalities.
- Measure any thoracic or lumbar prominences visualized with student in forward bend position.
- Use scoliometer to objectively measure any prominences.
- Observe for café au lait spots (neurofribromatosis is associated with scoliosis).
- Reevaluate periodically any student with questionable findings that do not meet referral criteria.

Recommendations
Screenings should be prioritized as follows:
- Students with questionable results on previous screenings (watch list) and students with neuromuscular disorders that increase risk, siblings of students with diagnosed scoliosis.

As resources permit:
- Females in grade 5 or 6
- Females in grades 8 or 9
- Males in grade 8 or 9

Referral
Develop local referral criteria with community health care providers or refer to *Spinal Screening Guidelines*, Missouri Department of Health and Senior Services, 2004.

BLOOD PRESSURE

Standard
The size of the cuff used to determine the blood pressure is the single most important factor. The cuff should cover no more than one-half and no less than one-third the length of the upper arm. The cuff should not cause pressure in the axilla or cover the antecubital space. If the proper cuff is not available, do not do reading. A pediatric stethoscope with a small diaphragm is helpful in hearing blood pressure sounds in younger children.

The student should be seated in a comfortable position, with arm slightly flexed, abducted and at the level of the student's heart. The setting should be as quiet and non-stressful as possible. The procedure should be explained to the student. It may be helpful to allow younger children to handle the equipment prior to use.

Recommendations
Routine school screenings for blood pressure are not recommended. The American Academy of Pediatrics recommends that children above the age of three have their blood pressure checked on an annual basis, during non-school, routine physical examinations. The school is not an ideal setting in which to do mass screenings. Blood pressure screenings that are part of an educational unit on the cardiovascular system, included in a health risk appraisal program, etc., can be effective if done under proper circumstances and with appropriate equipment.

Referral
Children are known to have widely fluctuating blood pressure readings, even during the time of determination. Readings that fall above the accepted norms for pediatric blood pressure should be rechecked three or more times, over a period of 2-3 weeks, before referral. Referral decisions are influenced by a positive family history for cardiovascular disease (including hypertension and high cholesterol), race, age, excess weight, history of smoking, etc. For pediatric blood pressure ranges, consult current pediatric texts, or use current recommendations of the National Heart, Lung and Blood Institute, (website www.nhlbi.nih.gov/).

HEALTH RISK APPRAISALS

Standards

- Use any currently acceptable risk appraisal form or rating scale.
- After reviewing results, encourage student to target at least one behavior and make a contract to reduce a risk factor, e.g., routine seat belt use.
- Use aggregate data to guide health education efforts based on the most prevalent risk factors or to effect changes in health education curriculum.

Recommendation

Assess student's risk behaviors and/or lifestyle at least once in junior high and once in senior high school. Aggregate information is useful in targeting health promotion activities and instruction. It is not productive to do risk appraisals without a plan to do individual and/or group interventions.

TUBERCULOSIS INFECTION

Recommendations

All personnel, paid and unpaid, who work directly with students shall be certified free from tuberculosis in an infectious form prior to beginning employment.

An individual who has documentation of a Mantoux PPD tuberculin test reading 0-9 mm within the past month, and no history of contact with a person with tuberculosis immediately prior to or subsequent to documentation of the negative skin test shall be considered free from tuberculosis. No further skin testing shall be necessary unless required by the local department of health or the Department of Health and Senior Services (DHSS) for epidemiologic or diagnostic purposes.

If the individual does not have documentation of a negative Mantoux PPD skin test within the past month, and does not have a history of ever having a Mantoux PPD test reading greater than 10 or more mm, the following procedure shall be followed:

- The individual shall obtain a Mantoux PPD test and submit documentation of the results read 48-72 hours following administration of the test. Providers shall follow the Department of Health and Senior Services' protocol for follow up of positive readings.

- If the individual is a known reactor, or has a history of a Mantoux PPD skin test reading without documentation of an adequate course of preventive therapy, the following procedure shall be followed:

    a. If the individual has documentation of a normal chest X-ray within the past month, the employee shall be considered free from infectious tuberculosis.
    b. If the individual does not have documentation of a normal chest X-ray within the past month, a chest X-ray must be obtained within two weeks. If the chest X-ray is normal, the employee shall be considered free from infectious tuberculosis.
    c. These individuals shall be considered for treatment of latent TB infection. No further chest X-rays are necessary unless the employee has symptoms consistent with tuberculosis.
    d. If the individual has an abnormal chest X-ray indicating "old tuberculosis," without documentation of an adequate course of chemotherapy, they shall be considered for treatment of latent TB infection.

Individuals with abnormal chest X-rays indicating current pulmonary disease (tuberculosis or other disease) must be thoroughly evaluated and treated accordingly. Until infectious tuberculosis is ruled out, the individual should not "share air" with any children or susceptible adults not already exposed.

If an individual has documentation of an adequate course of treatment for tuberculosis disease and no current pulmonary symptoms, no further chest X-rays are necessary and the employee shall be considered to be free from tuberculosis in an infectious form.

The school district should consult with the local health department or the Section of Vaccine-Preventable and Tuberculosis Disease Elimination (SVPTDE) of the Missouri Department of Health and Senior Services for evaluation, management and surveillance if the individual meets any of the following criteria:

- Has a history of tuberculosis disease or infection without documentation of adequate treatment as determined by SVPTDE;
- Is currently being treated for tuberculosis disease;
- Has a chest X-ray consistent with pulmonary tuberculosis without documentation of adequate treatment;
- Has symptoms consistent with tuberculosis; or
- Has a history of contact with tuberculosis within the past 24 months.

(Excerpted from the Missouri Department of Health and Senior Services, *SVPTDE Policy and Procedure Manual*, Section F: Screening, Subsection 4.0 School Employees). This manual is available from the following website: www.dhss.mo.gov. Click on Laws, Regulations & Manuals, scroll down and under the list of manuals, click on Tuberculosis Control Manual. In the table of contents, click on Section 6.0, Screening.

Special Health Care Needs: Administrative Guidelines

INTRODUCTION

The demand for school nursing services has increased in recent years because of increasing numbers of students with special health care needs who present themselves for enrollment in the public schools of Missouri. This influx has occurred, in part, because: medical technology which has led to the survival of children who, in the past, would have succumbed to their illness; because of a growing trend for earlier dismissal from hospitals allowing students to return home and to school while receiving treatment; and a growing trend toward the placement of children with severe disabilities in integrated community settings, including their homes or specialized foster parent homes, rather than in institutions. Special procedures such as suctioning tracheostomies, catheterizations, and others are now being requested in the school – an educational setting, not a medical setting.

These trends are supported by federal statutes that pertain to the treatment of children with disabilities. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against persons with handicapping conditions, or persons who are regarded as handicapped, by recipients of federal funds. School districts must make reasonable accommodations to make their programs and services available to such students. Section 504 provisions are important because the definition of children with handicapping conditions is broader than the definition of such children under the Individuals with Disabilities Education Act (IDEA). Thus, a child may be eligible for certain services under Section 504, but not be eligible for special education under IDEA. Section 504 does not require an Individual Education Plan (IEP) but does require a written plan for accommodation. It is recommended that the district document that a group of individuals familiar with the student's needs meet and identify the needed services.

IDEA is the second federal statute that pertains to the issue of school health services. This statute requires local school districts to provide a "free appropriate public education" for eligible children through the provision of special education and related services. Related services have been defined by regulation and by court decisions to include school health services. Criteria for required services include:

1. Can be learned in a reasonable amount of time;
2. Should not require the presence of a physician, medical judgment from extensive medical training, or an undue amount of time to perform;
3. Must be provided or performed during the school day for the pupil to attend school or benefit from his/her educational program; and
4. Must be ordered by a licensed physician or surgeon.

The variety of procedures described in these guidelines would clearly be included in the definition of services under IDEA; and therefore, may be the responsibility of school districts to provide when they are determined to be necessary for a child with a disability to benefit from the special education program, as determined by the IEP.

Providing special health care needs children with related services by utilizing a comprehensive approach to their chronic and disabling conditions will afford them the best opportunity to achieve their maximum potential.

-- American Academy of Pediatrics

Quality health care is in the best interest and safety of the students and supports the optimal educational experience. This health care is best provided in the school through assessment, planning and monitoring by a registered nurse, in collaboration with the student's primary physician. Districts enrolling students with complex medical needs must have access to this type of health care management in order to safely provide for the student's special needs.

Purpose

These administrative guidelines have been developed in order to assist school districts who serve students with complex medical conditions in making informed decisions regarding the delivery of health services at the school. Students with complex medical conditions may be medically unstable, have unpredictable responses to medication or treatment, may need care requiring professional judgment to modify a necessary procedure, or require medication decisions at school. This type of care should be managed by a registered nurse and may include activities that cannot be delegated. Students with non-complex medical conditions may require procedures that can be performed safely as outlined in special procedural guidelines, with no need for alterations requiring medical judgment. This type of care could be safely delegated by the registered nurse to properly trained personnel.

Determination of Services Required

Districts without school nursing services should consider contracting with the local community health nurse to provide assessment, determine required services, and identify who can safely provide the care. This determination is based on the nurse's evaluation of a number of variables specific to each student. These variables include, but are not limited to:

- Number of medications, action, dosage, side effects of each drug, and the route of administration;
- Utilization of medication on as-needed basis (PRN);
- Nature, frequency, and complexity of prescribed treatments the student requires and the assessment needed for PRN treatments;
- Complexity and acuteness of the observations and judgments the care provider must make.
- Stability of the student's medical condition (i.e., can the student's condition change dramatically to life-threatening within a few seconds/minutes?);
- Current specialized knowledge base and proficiency of psychomotor skills required by the proposed care provider;
- Specific student's ability to communicate his/her needs to the care provider; and
- Level of preparation and experience of the designated direct care provider.

Identification of Care Providers

A *Technical Skills Chart* (See Appendix A.1) will assist school districts in clarifying the roles of the school nurse and other school personnel who might be directly involved in providing the health care requested in the school setting.

School districts without the services of a registered nurse should use the *Technical Skills Chart* in determining what additional personnel might be needed to safely provide the care needed. Special care procedures also include the administration of medication. Factors to be considered when determining who can safely provide the services include:

- Stability of student's condition;
- Complexity of the tasks;
- Level of judgment required to determine how to proceed from one step to the next, and
- Level of judgment and skill needed to safely alter the standard procedure in accordance with the needs of the student.

Competencies of Personnel

The registered nurse should take the responsibility to determine who is competent to provide the needed care. Appendix F.2 provides a description of the competencies recommended for different levels of personnel. The delegation and supervision by registered nurses of unlicensed assistive personnel (UAP) assisting with the student's care is a major concern and is controlled by the Missouri State Board of Nursing and the Board of Healing Arts. The Technical Skills Chart indicates those procedures that should never be delegated. The registered nurse, by law, can perform those procedures for which she has the skill and education. In some of the more complex tasks, there will need to be training for the registered nurse provided by a physician, a clinical nurse specialist from a tertiary care center and the parent/guardian. Parent(s)/guardian(s) have learned to perform the procedures required by their child and take the responsibility for their care 24-hours per day. They should be involved in the selection and training of school personnel to whom this care is delegated, indicate that they understand who will perform the procedure and be satisfied with the task mastery of the care provider. See Appendices C.4 through C.8 for position statements of the State Board of Nursing and professional school nursing organizations regarding delegation and the use of unlicensed assistive personnel.

Documentation of Plans of Care

There are a variety of plans that may be required for students with special needs. These plans must be developed by a registered nurse and may include activities to be delegated in the implementation of the plan. The types of plans include:

- Emergency Action Plan;
- Asthma Action Plan/Asthma Quick Relief and Emergency Plan;
- 504 Accommodation Plan;
- Individual Healthcare Plan (IHP); and
- Healthcare Action Plan (HAP).

Emergency Action Plan

The needs of a student with a condition that may become life-threatening, i.e., severe allergic response, diabetes, prolonged seizures, etc., require a written plan or protocol for the school district personnel who may be called upon to respond (see Appendix E.3). The protocol would include:

- Definition of medical emergency for this student;
- Specific actions to be taken in the emergency, based on the signs and symptoms present;
- List of individuals to be notified when this emergency occurs; and
- Transportation procedures (see Appendix E.4).

These student-specific emergency plans should be shared with teaching staff and other school personnel, including ancillary staff such as cafeteria workers, custodians and bus drivers, if indicated. See Appendix F.1 for a sample E*mergency Plan* format. If the student is transported daily, specific training and plans should be provided to bus drivers. See Appendix F.8 for a sample *Transportation Plan* format.

Asthma Action Plan

Students with moderate to severe asthma should have an *Asthma Action Plan/Asthma Quick Relief Emergency Plan* (see Appendix E.5 for a sample format). The *Quick Relief and Emergency Plan* and contains much of the same information in an *Emergency Action Plan,* but is specific to asthma:

- Describes student's response;
- List of any medications to be administered, based on objective signs, e.g., peak flow reading;
- List of individuals to be called in the emergency; and
- Any transportation plans.

Section 504 Accommodation Plan

The school nurse is often the one who identifies the need for a 504 Accommodation Plan to address the health needs of a student on a temporary or permanent (school year) basis. The need may relate to mobility, access to care, classroom adaptations, etc. The nurse may need to advocate for the accommodation. The plan should be developed by a group of individuals aware of the need for accommodation to assure the student is getting the best possible access to learning (see Appendix E.6 for sample format).

Individual Healthcare Plan

Students with special health care needs benefit from the development of an Individual Healthcare Plan (IHP) to guide nursing interventions, based on nursing diagnoses. This is a nursing care plan that has student-centered goals and objectives, and describes the nursing interventions designed to meet the student's short and long-term goals. IHPs are useful when the nurse is assisting the student to:

- Become better educated about their special health care need;
- Develop more self-care activities;
- Address health-related absenteeism; and
- Cope more effectively with their condition/disease.

The student, parent/guardian, and/or health care provider should be involved in the development of the IHP (See Appendix E.7 for a sample format). The IHP may be considered a contract between the student, the family and the nurse in order to accomplish specific outcomes for the student. Not all students with a special health care need will require an IHP, only those with whom the nurse or UAP provides significant intervention, has health needs addressed on a daily basis, or as part of their IEP or 504 plan. Medications are a special health care need, but only those students requiring medication administration that cannot be delegated (oral meds that require nursing assessment before administration, or requiring alternative routes of administration, i.e., injectables) would require a written plan.

Healthcare Action Plan (HAP)

It is essential to have a healthcare action plan for students with significant special needs and requiring specialized procedures (See Appendix E.8 for a sample format). This plan serves as a written agreement with the student's parent/guardian, health care provider and school personnel. The plan outlines how the district intends to meet the student's health care needs and is based on the student's medical diagnosis. This plan is different from the IHP designed for nursing interventions and based on nursing diagnoses. This healthcare action plan provides for effective and efficient planning and protects both the student and the school personnel. Components of the HAP should include:

- Pertinent information about the student, i.e., names of parent(s)/guardian(s), addresses and phone numbers;
- List of key personnel, both primary care providers and school personnel;
- Emergency information;
- Emergency action plan (potential child-specific emergencies);
- Background information, i.e., medical history, summary of home assessment, self-care, family and lifestyle factors, baseline health status, required medications and diet, and transportation needs;
- Licensed health care provider's orders for medications, treatments, or procedures;
- Parent/guardian authorization for special health care;
- Plan for specific procedures, with list of possible problems encountered;
- Daily log for procedures; and
- Documentation of training if procedures are delegated.

Students who are in special education and have an individual education plan (IEP) should have their HAP, emergency action plan or individual healthcare plan (IHP) referenced in the IEP; and components may be incorporated in the IEP if there are services or learning needs that are appropriate for inclusion, and the parent agrees to the inclusion.

Guidelines For Developing Healthcare Action Plans

PURPOSE

Enrollment of students with special healthcare needs in the school setting presents a challenge to students, families, and school staff. Development of a healthcare action plan provides for effective and efficient delivery of services that promotes school success for the student and reduces the liability of the school district.

RESPONSIBILITIES

Parent/Guardian

The parent(s)/guardian(s) have the most information regarding the unique needs of their child and they should play a major role in the development of the healthcare action plan. This role includes:

1. Being an advocate for their child;
2. Providing access to healthcare providers for information and orders needed for medications and treatments;
3. Participating in the identification and training of providers in the school setting for child-specific procedures;
4. Providing equipment and supplies needed for procedures;
5. Approval of the healthcare and emergency plans; and
6. Notifying the school nurse of changes in the student's condition, healthcare providers or healthcare needs.

Administrator

The administrator has the overall responsibility to ensure the student's needs are met in order to benefit from the educational experience and to comply with state and federal laws regarding services for children with handicapping conditions. This role includes:

1. Reviewing the appropriate health and education assessments to determine the needs of the student in the school setting;
2. Providing adequate staffing to address the student's education, health needs, and transportation;
3. Providing time and support for training for registered nurses and other staff, as indicated;
4. Informing the Director of Transportation of the student and the potential needs for healthcare. Providing a copy of the emergency and transportation plans, and arranging for any needed inservices;
5. Managing potential environmental concerns, such as:
    - Informing all personnel, including lunchroom and playground staff of potential environmental concerns;
    - Special equipment needs, such as a wheelchair ramp;
    - Extermination of insects to safeguard students from possible insect bites and stings;
    - Procedures to restrict exposure to chemical materials;
    - Emergency power supply for life-sustaining equipment; and
    - Need for appropriate power outlets for healthcare equipment.
6. Assessing the potential need for available emergency services:
    - Local emergency unit – level of training;
    - Average response time to school site;
    - Cost of transportation; and
    - Flight rescue availability – cost, time from hospital.
7. Communicating with parent(s)/guardian(s):
    - Need to participate in development of plan, express concerns;
    - Expected costs and who will be responsible; and
    - Ensure parent(s)/guardian(s) have supplied the necessary emergency information.

School Nurse

The school nurse uses her knowledge, experience and expertise in assuring that the student's health care needs are met in a safe, effective manner, acceptable to the student and his/her family. This role includes:

1. Reviewing the emergency and/or health information and determining which students will require a healthcare action plan;
2. Obtaining significant health data on identified students;
3. Completing a nursing assessment and summarizing data. This database should include:
   - Age of student at onset of condition;
   - Description of condition/course of illness;
   - Summary of treatment;
   - Other significant illnesses and allergies;
   - Date last seen by health care provider for noted condition;
   - Name, address and phone numbers for health care provider;
   - Information required to develop an Emergency Action Plan, if needed:
     a) What constitutes a medical emergency for this student?
     b) Preferred hospital for emergency treatment; and
     c) Orders, supplies or medications needed for this medical emergency; and
   - Health care procedures required, including:
     a) Orders for medication and treatments;
     b) Identification of care provider;
     c) Needed equipment; and
     d) Responsibility for maintenance of equipment (See Appendix E.9, *Care of Equipment*).
4. Securing signed release of confidential health information for all sources of significant medical information.
5. Developing and implementing the healthcare action plan to be carried out at school. This plan should include situations that might arise while the student is on the bus, on field trips, during safety drills, and in the event of a disaster. This plan should include the following components:
   - Student identification data and date of plan;
   - Description of the health condition and possible effect on the student. If multiple problems exist, list each as a separate problem in the healthcare action plan;
   - General guidelines for determining action by school personnel;
   - Procedures to be followed;
   - School personnel to be trained in student-specific procedures and problem management; and
   - Providing a plan typed and signed by nurse, parent(s)/guardian(s), and administrator.
6. Sending healthcare action plan to physician for review and comment (See Appendix F.10 for *Sample Letter to Physician*).
7. Filing healthcare action plan in student's record and notes on emergency action care plan that a healthcare action plan is on file, and the location of copies of the plan.
8. Assure plans and procedures are consecutive with current standard of practice.

Resources for Special Health Care Needs

The School Nurse's Source Book of Individualized Health Plans, Vol. I, II

Mary Kay Hass, Edition, Volume I	$39.95 per book (*plus shipping and handling*)
Volume II	$44.95 per book (*plus shipping and handling*)
Computerized version (Volume I & II)	$84.95 per CD (*plus shipping and handling*)
Sunrise River Press (800-895-4585)	

Managing the School-Age Child with a Chronic Health Condition

Georgianna Larson, Editor	$29.95 (*plus shipping and handling*)
Sunrise River Press (800-895-4585)	

Children & Youth Assisted by Medical Technology in Educational Settings
Guidelines for Care 2nd Edition, (with detailed procedures and documentation forms)

Project School Care, Boston Children's Hospital	
Paul Brookes Publishing Co. (410-337-9580)	$53 (plus shipping and handling)

Computerized Classroom Health Care Plans for School Nurses – 3rd Edition
(Comes with manual and more than 100 different care plans on disk and hard copy)

JMJ Publishers	$89.00
1156 Wilson Ave.	
Salt Lake City, UT 84105	
(801-467-5083 or 801-487-3017)	

Many resources like this are also available from various school health supply companies.

Appendix E.1

Technical Skills and Services to Meet the Health Care of Students in the School Setting

All students requiring technical skills and services to meet their health care needs at school should be seen by a registered nurse (RN) for assessment, planning and monitoring. In addition, those students should have a healthcare action plan written and implemented by a registered nurse. The registered nurse may be employed by the school district or contracted from an agency where nursing services are available.

When a physician's written authorization is required for specialized health care, the physician may choose to serve as a team member to develop a healthcare action plan. The procedure should not be performed at school unless clearly necessary and when it cannot reasonably be accomplished outside of school hours. Students and parent(s)/guardian(s) should inform the school personnel of techniques and procedures being used at home.

There are certain procedures that cannot be performed by an unlicensed, non-medical person. School personnel, including the nurse may need additional training for some procedures. If no registered nurse is available, a physician should determine who may safely provide care, and assure the necessary training.

The Department of Health and Senior Services, Audio Visual Resources Unit, has training videos on a number of chronic health conditions and the care required in the school setting. Commercially available procedure books also include forms on which to document the skills taught to unlicensed assistive personnel (UAPs). The caregiver, the parent(s)/guardian(s) and the nurse should all sign off on the initial training. The person delegating the care should periodically monitor the quality of the care to ensure the procedure is being followed as taught, is being documented as required, and the caregiver is reporting concerns appropriately.

The following chart (Technical Skills and Services) describes the student's health care needs and who may be considered as a caregiver for that service. A physician or registered nurse should make the determination based on an assessment of the student's health status, the complexity of the procedures and the capability of the proposed caregiver. The caregiver must be provided training and support until they feel competent to provide the care. The person delegating the care must be confident the caregiver has mastered the skills necessary. School staff have the right to refuse to provide special health care procedures, including medication administration, without jeopardizing their position [RSMo 167.621(2).]

Appendix E.1

Technical Skills and Services Chart

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O*		
Personal Care 1. Dressing (Assist with clothing)	X	X	X	X	X	X		Student and parent can inform school personnel of procedure being used at home.
2. Personal Hygiene Oral care Nail care Skin care Bathing Menstrual Hygiene	X	X	X	X	X	X	Evidence of rash, skin breakdown and/or infection.	May request personal care items from parent unless activity is called for in IEP.
3. Decubitus • Prevention • Care	X X	X X	X	X	X	X *	*RN may determine if other caregivers may provide care for decubitus if evidence of granulation and non-healing.	Prevention care to be taught by RN, OT, or PT. Requires physician's orders.
4. Positioning	X	X	X	X	X	X	Evidence of skin breakdown and/or pain on movement.	Adequate space and equipment must be available. Positioning to be taught by PT, OT, or RN.
5. Exercise (range of motion or prescribed exercise program).	X	X	X	X	X	X	Evidence of pain or restricted movement.	May require a physician order. Adaptive PE teacher should be involved.
6. Ambulation (assistance with cane, walker, wheelchair, crutches).	X	X	X	X		X		Appropriate equipment must be available. May require physician's order. Adaptive PE teacher should be involved.
7. Casts, Braces and Prostheses (observation, alignment, functioning).	X	X	X	X	X	X	Evidence of impaired circulation, infection, pain, drainage or bleeding.	
8. Use of Warm and Cold Applications.	X	X	X	X		X	Change in skin color, texture, or temperature beyond what is expected from application.	May require physician's order. Supplies and equipment must be available. Special precautions to be observed for students with diabetes, heart disease or unstable body temperatures.

Appendix E.1 – Technical Skills (continued)

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O*		
9. Measurements Temperature, Pulse and Respiration (TPR)	X	X				*	Evidence of fluctuating or abnormal TPR.	
Blood Pressure	X	X				*	Evidence of fluctuating BP or protocol requiring BP be taken before or after medication or treatment.	Appropriate equipment must be available.
Height/Weight	X	X	X	X	X	X	Evidence of frequent fluctuations or dramatic changes. Arrested growth.	Medications may effect changes.
Intake/Output	X	X	X	X	X	X	Changes in usual patterns.	
10. Medications (Assist student)	X	X				*	Medications requiring BP, radial or apical pulse before or after medication. Medications that require nursing judgment to determine dose.	The school should have policies for medication administration, regardless of route of administration. Requires physician order (prescription) and parent authorization. Over the counter drugs require at least a parent authorization. Unlicensed personnel giving meds must be appropriately trained in specific routes of administration of medications. Training must be documented.
Oral	X	X				*	RN should provide the training of any personnel giving medications.	
Rectal	X	X				*		
Opthalmic (eye)	X	X				*		
Otic (ear)	X	X				*		
Medications via gastrostomy or nasogastric tube	X	X				*	Usually not delegated. Evidence of displacement of tube, obstruction of tube, excessive vomiting or diarrhea	Requires prescription which must specify administration via feeding tube. Nursing personnel will follow healthcare action plan for reinsertion of tube if displaced. If tubing obstructed, follow healthcare action plan.
Medication via intravenous tube (already in place)	X	X					Not to be delegated except to qualified nursing personnel.	Requires prescription.
Medications by Intramuscular or subcutaneous injection	X	X					Not to be delegated except to qualified nursing personnel. Might be given by other trained personnel in an emergency, e.g., severe allergic reaction.	Requires prescription. Unlicensed personnel giving emergency medications must be trained and the training documented appropriately.

Appendix E.1 – Technical Skills (continued)

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O*		
11. Fluids – Nourishment							Special diets required.	Student and parent/guardian should inform school personnel of procedures used at home.
Preparation	X	X	X	X	X	X	Evidence of change in student's oral, motor, swallowing, positioning and/or sensory abilities.	
Oral feedings	X	X	X	X	X	X		
Hyperalimentation (high calorie intravenous feedings)	X	X					May be delegated to qualified nursing personnel.	Requires prescription
Gastrostomy or Nasogastric tube feeding (tube or button in place)	X	X				*	Evidence of obstruction, malabsorption, infection at insertion site, displacement of tube, excessive vomiting or diarrhea.	Procedure requires a prescription. If feeding does not require a prescription, schools that participate in USDA school lunch program must provide formula at price of regular lunch. Nursing personnel will follow healthcare action plan for reinsertion of tube.
12. Bowel and Bladder Care (Bedpan, urinal or commode)	X	X				*	Evidence of infection and/or skin breakdown	Appropriate equipment must be available.
Care of Incontinent student (including diapering)	X	X				*	Evidence of infection and/or skin breakdown Bowel/bladder training may be indicated.	Parent/guardian must provide supplies and clean clothing. Is an infection control issue.
External Urinary Catheter	X	X				*	Evidence of infection or pain.	Parent/guardian provides supplies.
Clean Intermittent Catheterization	X	X				*	Evidence of infection, pain, bleeding, inability to insert catheter.	Requires physician order and parent authorization.
Indwelling Catheter	X	X				*		Student and parent inform school of procedures used at home. Parent/guardian to provide supplies.
Prescribed Bowel and Bladder Training	X	X				*		
Stoma Care	X	X				*	Evidence of skin breakdown or infection.	Parent/guardian to provide supplies.

Appendix E.1 – Technical Skills (continued)

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O*		
13. Respiratory Care								
Postural drainage and/or percussion	X	X	X	X		*	Evidence of increasing respiratory distress	
Spirometer (assisted deep breathing)	X					*	May be provided by respiratory therapist or delegated to qualified nursing staff. Evidence of increasing respiratory distress	Requires physician order.
Oxygen per mask or Cannula	X					*	May be provided by respiratory therapist or delegated.	Requires physician order. Requires safety precautions for oxygen use, storage, etc. Parent/guardian provides equipment, supplies, and oxygen, and takes responsibility for moving oxygen tanks.
Oxygen per nebulizer	X					*	May be provided by respiratory therapist or delegated.	Requires physician order. Alternate power supply must be available. Follow medication policy if drugs are administered via nebulizer.
Suctioning (oral) Machine or bulb	X	X				*	Evidence of increasing respiratory distress or obstruction. Need for medication.	Requires physician order.
Tracheostomy	X	X				*	Respiratory distress during suctioning. Evidence of bright red bleeding	
14. Dressings								
Reinforcement	X	X				*	Excessive bleeding or discharge. Complaints of pain or discomfort	
Clean dressing	X	X				*		
Sterile	X	X					May be delegated to qualified nursing personnel	Requires physician order. Parent/guardian provides supplies.
15. Specimen collection (Urine, stool, sputum, blood, throat culture)	X	X				*	Evidence of infectious disease	Requires a physician order. Is an infection control issue. Health care provider or parent/guardian provides supplies and appropriate collection container. Observe universal precautions, wearing gloves.

Appendix E.1 – Technical Skills (continued)

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O*		
16. Specimen testing								
Urinalysis	X	X				*	Report questionable results.	Designate personnel to monitor self-testing by student. Parent/guardian to provide supplies.
Hematocrit	X	X						
Blood Glucose monitoring	X	X				*		Requires physician order.

RN – Registered nurse
LPN – Licensed practical nurse
PT – Physical therapist
OT – Occupational therapist
T – Teachers
O – Others – Includes individual appropriately trained, as specified in healthcare action plan for student. Training of unlicensed providers may be done by an RN, PT, or OT.

* Not usually delegated. RN makes decision regarding training and supervision of other personnel.

If another type of specialized procedure is required by a student in the school setting, the student/family, student's physician and school staff, including the registered nurse, will jointly determine who can best provide the care.

Appendix E.2

Competencies of Personnel Providing Health Services in Schools

In exploring the provision of health-related services in schools, it is necessary to outline the competencies of the individual providing the care. This is necessary not only from a legal, but from an ethical standpoint. The following provides a summary of these competencies.

Registered Nurse

A. The nurse must have a current license in good standing to practice as a registered nurse in the State of Missouri.
B. Performance of professional nursing services means the performance of both independent nursing functions and delegated medical and dental functions that require specialized knowledge, judgment and skill and as governed by the Missouri Nurse Practice Act.
C. The professional nurse has an ethical and legal responsibility to provide care according to the code of ethics and the Nurse Practice Act.
D. Special competencies of the registered nurse include, but are not limited to, the ability, knowledge and skill to perform the following activities:

1. ASSESSMENT
   a) Obtain health information from health care providers;
   b) Determine the depth to which the health assessment is required for each individual student;
   c) Use physical assessment skills in determining the current health status of the student;
   d) Interpret health history information, medical reports, nursing observations and test results;
   e) Determine the importance of the health information and its impact on the educational process; and
   f) Make specific recommendations regarding care.

2. PLANNING
   a) Develop a health care plan to meet the student's individual health needs in the school setting; and
   b) Collaborate with school personnel, student, parents and primary care provider to develop this plan.

3. IMPLEMENTATION AND EVALUATION
   a) Coordinate all medical contacts, referrals and interpretation of medical data;
   b) Manage the health care plan for the student's special needs in the school setting;
   c) Provide direct health care services for the student when appropriate and if properly trained;
   d) Develop procedures and provide training for others providing care;
   e) Monitor the health services provided by other school personnel;
   f) Make recommendations to modify the school program to meet the student's health care needs;
   g) Provide health consultation/health education/health promotion to the student and family;
   h) Act as a liaison between school, community health care providers, parent and student; and
   i) Periodically evaluate the health care plan and set new goals and objectives to meet the student's current needs.

Other School Personnel Providing Health-Related Services in School Settings

A. Professionals certified by the Missouri Department of Elementary and Secondary Education should follow the standards of their profession in relation to their involvement in the health care plan.
B. Non-certified school personnel are identified as those functioning under the direction of the principal, with consultation with the school nurse. This category would include secretaries, health aides, teacher aides, etc. This group is referred to as unlicensed assistive personnel (UAP). Licensed practical nurses must be supervised by a registered nurse or a physician.

   Qualifications of these UAPs include, but are not limited to:
   - Is currently trained in first aid and CPR;
   - Participates in training and mastery evaluation of skills;
   - Is dependable and reliable when working within the confines of guidelines and health care plans;
   - Uses discretion and respects confidentiality of information;
   - Exercises good judgment and requests additional assistance when necessary; and
   - Provides designated health care services, within the individual's ability and training, for the student as identified in the plan and monitored by the registered nurse.

Appendix E.3

Emergency Action Plan

Emergency Action Plan Period _____to _____ Review Date _____	**EMERGENCY ACTION PLAN**
I. IDENTIFYING INFORMATION	
Student Name	Birthdate
Primary Physician	Phone
Specialist Physician	Phone
Preferred Hospital	Allergies
II. STUDENT-SPECIFIC INFORMATION	
If you see this . . .	Do this . . .

IF AN EMERGENCY OCCURS

1. Stay with the student or designate another adult to do so.

2. Call or designate someone to call the school nurse and/or principal or building administrator.
   a. State who you are.
   b. Where you are located (school, location in building).
   c. Nature of the problem.

3. The nurse will assess the child and determine whether the emergency plan should be implemented.

4. If the nurse is unavailable, the following staff members are trained to deal with this emergency, and to initiate the emergency plan. If situation appears to be life threatening, call 911.

Staff Member(s)	Location

Appendix E.4

Transportation Plan Period from _____ to _____ Review date _____	**TRANSPORTATION PLAN FOR STUDENT WITH SPECIAL HEALTH CARE NEEDS**

I. ADAPTATIONS/ACCOMMODATIONS REQUIRED

_____ Transportation Aide

_____ Bus Lift

_____ Seat Belt

_____ Special Restraint

_____ Wheel Chair tie down

_____ Space for equipment: specify _____

_____

II. POSITIONING OR HANDLING REQUIREMENTS

_____ None

_____ Describe

III. BEHAVIOR CONSIDERATIONS

____ None

____ Describe

IV. TRANSPORTATION STAFF TRAINING

Training has been provided to drivers and substitute driver(s). ____ yes ____no

Describe training provided

Date training completed _____

V. STUDENT SPECIFIC EMERGENCY PROCEDURES	
If you see this	Do this

Appendix E.5

Asthma Action Plan

Student Name _____ Teacher/Team _____

1. Triggers that might start an asthma episode for this student:

☐ **Exercise** ☐ **Animal Dander** ☐ **Cigarette smoke, strong odors** ☐ **Respiratory Infections**

☐ **Pollens** ☐ **Temperature Changes** ☐ **Foods** ☐ **Emotions (e.g., when upset)**

☐ **Molds** ☐ **Irritants (e.g., chalk dust)** ☐ **Other**

2. Control of the School Environment:

_____ Environmental measures to control triggers at school _____
_____ Pre-Medications (prior to exercise, choir, band, etc.) _____
_____ Dietary Restrictions _____

3. Peak Flow Monitoring

_____ Monitor Peak Flow:
Personal Best Peak Flow _____ Monitoring Times _____

_____ Do Not Monitor Peak Flow

4. Routine Asthma and Allergy Medication Schedule

Medication Name	**Dose/Frequency**	**When to Administer**	
		At Home	**At School**

5. Field Trips: Asthma medications and supplies must accompany student on all field trips. Staff members must be instructed on correct use of the asthma medications and bring a copy of the Asthma Action Plan/Quick Relief Emergency Plan and the contact phone numbers.

a) Parent to Contact _____
Phone Number(s) _____
b) Other Person to Contact in Emergency _____
Phone Number(s) _____

Parent/Legal Guardian Signature _____ Date_____

Reviewed by the School Nurse_____ Date _____

(from *Missouri School Asthma Manual*)

School Asthma Quick Relief & Emergency Plan

**** Immediate action is required when the student exhibits any of the following signs of respiratory distress. Always treat symptoms even if a peak flow meter is not available.**

Severe cough	Turning blue	Blueness of fingernails & lips
Chest tightness	Rapid, labored breathing	Difficulty walking from breathing
Wheezing	Sucking in of the chest wall	Difficulty talking from breathing
Shortness of Breath	Shallow, rapid breathing	Decreased or loss of consciousness

Steps to Take During an Asthma Episode:

1. Give Emergency Asthma Medications as Listed Below:

Quick Relief Medications	Dose/Frequency	When to Administer
1.		
2.		

2. Contact Parents if _____

3. Call _____ to activate EMS if the student has ANY of the following:

- Lips or fingernails are blue or gray
- Student is too short of breath to walk, talk, or eat normally
- No relief from medication within 15-20 minutes with any of the following signs:
  - Chest and neck pulling in with breathing
  - Child is hunching over
  - Child is struggling to breathe

Parent Consent for Management of Asthma at School

I, the parent or guardian of the above named student, request that this school Asthma Action Plan be used to guide asthma care for my child. I agree to:

1. Provide necessary supplies and equipment.
2. Notify the school nurse of any changes in the student's health status.
3. Notify the school nurse and complete new consent for changes in orders from the student's health care provider.
4. Authorize the school nurse to communicate with the primary care provider/specialist about asthma/allergy as needed.
5. Allow school staff interacting directly with my child to be informed about his/her special needs while at school.

Parent/Legal Guardian Signature _____ Date _____

Review by School Nurse _____ Date _____

(from *Missouri School Asthma Manual*)

Appendix E.6

STUDENT ACCOMMODATION PLAN Period From _____ To _____ Review date _____	**SECTION 504** **ACCOMMODATION PLAN**

Name _____Birthdate _____

School _____ Grade _____

Date of Plan Meeting _____

Describe the nature of the concern which results in an unequal educational opportunity due to a handicapping condition:

Describe the basis for determination of a handicapping condition:

Describe the reasonable accommodations that are necessary:

Participants Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Appendix E.7

Sample Individualized Healthcare Plan
Adolescent Pregnancy

Assessment Data	Nursing Diagnosis	Student Goals	Interventions	Outcomes
Female, 15 years-of-age with possible pregnancy LNMP 8/30/04 "morning sickness" BMI >95th percentile Verbalizing feelings of low self-esteem, hopelessness, embarrassment, anxiety related to situation.	Decisional Conflict (NANDA) r/t possible pregnancy and parental response	Student will disclose pregnancy to parents and seek medical care for pregnancy	Decision Making Support (NIC 5250) • Provide information • Facilitate collaborative decision making • Serve as a liaison between student and family • Refer to support group, as appropriate	**Indicator:** Makes independent decisions: Never 1 Rarely 2 Sometimes 3 Often 4 Consistently 5
	Altered nutrition < body requirements (NANDA1.1.2.2) r/t possible pregnancy and fear of disclosure	Student will accept responsibility for proper nutrition to support pregnancy	Nutritional Counseling (NIC 1D 5246) • Monitor food intake and eating habits • Establish short and long-term goals for diet change • Facilitate diet needs at school	**Indicator:** Complies with diet: Never 1 Rarely 2 Sometimes 3 Often 4 Consistently 5
	Chronic Self esteem disturbance (NANDA 7.1.2.1) r/t physical appearance (obesity and acne)	Student will identify personal strengths and reduce emphasis on personal appearance.	Self Esteem Enhancement (NIC 3R-5400) • Monitor student's statements of self-worth (nurse/staff). • Reinforce student's positive aspects at each encounter (nurse/school staff). • Facilitate an environment and activities to increase self-esteem. • Explore reasons for self-criticism. • Reinforce the personal strengths identified by student.	**Indicator:** Description of self in positive terms: Never 1 Rarely 2 Sometimes 3 Often 4 Consistently 5

(Reflects nursing diagnosis, interventions, and outcomes language, with reference to assigned classifications)

Appendix E.8

Health Care Plan Period _____ to _____ Review date _____	**INDIVIDUALIZED HEALTHCARE ACTION PLAN**

I. IDENTIFYING INFORMATION

Student's name	School
Birthdate	Teacher
Age	Grade

CONTACTS

PARENT/GUARDIAN
Mother's name _____ Home Phone _____

Address _____ Work Phone _____

Father's name _____ Home Phone _____

Address _____ Work Phone _____

PHYSICIAN
Physician _____ Phone _____

Address _____

HOSPITAL

Hospital Emergency Room _____ Phone _____

Hospital Address _____ Phone _____

EMERGENCY MEDICAL SERVICES _____

II. MEDICAL OVERVIEW

Medical Condition _____ Any Known Allergies _____

Medications _____

Possible side effects _____

Health care procedures needed at school _____

_____

III. OTHER SIGNIFICANT INFORMATION

☐ Emergency Action Plan on file

☐ Individual Health Plan on file

IV. BACKGROUND INFORMATION/NURSING ASSESSMENT

Brief Medical History

Special Health Care Needs

Social/Emotional Concerns

V. HEALTHCARE ACTION PLAN

Attach physician's order and protocol for any specialized procedure.

Student specific procedures/interventions

Procedure	Performed by	Equipment	Maintained by	Authorized/ trained by

V. HEALTHCARE ACTION PLAN (cont.)		
Medications		
Dietary Needs		
Transportation Needs		
Classroom/School Modifications (including adaptive PE)		
Equipment – list necessary equipment/supplies	Provided by parent	Provided by school
☐ None required		
Safety measures		
Substitute/Back up (when primary caregiver is not available)		
Possible problems to be expected when performing procedure(s)		
Emergency Plan _____ Transportation Plan _____		

VI. DOCUMENTATION OF PARTICIPATION

We have participated in the development of the Healthcare Action Plan and agree with its contents.

Signature _____ Date _____

_____ Administrator or Designee

_____ Parent

_____ Nurse

_____ Teacher

_____

_____

VII. PARENT AUTHORIZATION FOR SPECIAL HEALTH SERVICES

We (I), the undersigned who are the parent(s)/guardian(s) of _____ Birthdate _____, request and approve this Healthcare Action Plan. We (I), understand that a qualified person (s) will be performing the health care service. It is our understanding that in performing these services, the designated person(s) will be using the attached special care procedure protocol which has been approved by the student's physician and health care team.

We (I) will notify the school immediately if the health status of _____ changes, if we change physicians, or there is a change or cancellation of the procedure order.

We (I) agree to provide the following, if any: medication, medication equipment and supplies and dietary supplements requiring a prescription.

_____ *(Parent Signature)*	_____ *(Parent Signature)*
Date _____	Date _____

Appendix E.9

Care of Equipment

Definitions

Care of implies looking after or dealing with something or someone.

Equipment is something material with which a person, organization or entity is equipped, i.e., the instruments, apparatus or things required for a particular job or purpose.

Purpose

- To ensure the equipment will function when needed by the student for routine care or in an emergency;
- To minimize the risk of infection from equipment shared by several students; and
- To reduce the risk of infection by repeated use of equipment by the same student.

1. Obtain the manufacturer's instructions from the supplier or the parent/guardian. 2. Become very familiar with the equipment in order to be effective in an emergency.	• Make two copies; keep one in your building file, keep the other in a resealable bag attached to the piece of equipment. • Arrange for a knowledgeable person to provide a demonstration. This might be the therapist, family member, home care provider, hospital staff, manufacturer's representative, pharmaceutical sales person and/or the physician.
3. Make sure all supplies are on hand.	• Arrange for the family to provide any specialized cleaning supplies, any special tools (odd-sized screw drivers, wrenches, etc.), and spare parts (tubing, nuts, bolts, screws, spare glass suction bulbs, bottles, etc.).
4. Keep parts and equipment in a labeled resealable plastic bag with the equipment.	• If it must be stored separately, attach a note to the equipment giving location of bag.
5. Maintain a current list of local suppliers of oxygen, IV equipment, odd-sized hardware.	• Keep this list, as well as a notation about an individual student's supplier because you may need a second source in an emergency.
6. Work with the classroom teacher to establish a clean area for student's extra clothing and supplies.	• This is separate from personal care items and soiled items that will be sent home with student.
7. Recommend each person working with the student wash the equipment with soap and water, rinse, disinfect, rinse and dry after each use.	• Refer to Standard Precautions regarding care of equipment and surfaces, etc.
8. Work with the building administrator and custodian to have the bathrooms and large surfaces cleaned and disinfected daily and as needed.	• Refer to Standard Precautions.
9. Determine who will prepare any disinfectant solution(s), how often, and where they will be stored.	• This should be decided on a building level, usually by the custodian.
10. Work with the custodian to maintain a supply of plastic bags and disposable gloves.	• Place a supply in each classroom and work area.
11. Obtain at least one covered, puncture-resistant container to be used to discard sharp items that might be contaminated with body fluids.	• Refer to district exposure control plan. A sharps container should be available in each building. Follow school district/local community health policy on disposal of sharps container when full.
12. Provide instruction for proper care of used needles and other supplies possibly contaminated with body fluids.	• All staff should receive instruction on blood-borne pathogen exposure control and Standard Precautions on an annual basis.
13. Assign a specific person to assure maintenance of any equipment used for special care procedures.	• Individual should maintain a log of cleaning and maintenance of equipment.

Appendix E.10

Sample Letter to Physician Regarding HealthCare Action Plan

(Date)

Dear Dr. _____:

The _____ school district has been asked to provide specialized health care for your patient, _____, date of birth _____.

If it is essential that this procedure be provided during school hours, we will need a written order on file in the student's health record.

Attached is a tentative health care plan for this student, including a description of a standardized procedure. Please review these materials, and the procedure guidelines, make written comments and provide the requested information to guide us in providing a safe environment. We will incorporate your comments and make adjustments in the procedure as directed by you. Services will begin when we have the necessary orders and adequately trained personnel in place.

Please feel free to contact _____, who is assuming responsibility for the management of the student's health needs in our school. She (he) can be reached at _____ (add best time to call, if this is pertinent).

Sincerely,

Administrator or School Nurse

References

American Academy of Pediatrics, Committee on Children with Disabilities, "Provision of Related Services for Children with Chronic Disabilities." *Pediatrics*, Vol. 92, No. 6, December 1993.

Kane, William. *Step by Step to Coordinated School Health Programs*, 1993, ETR Associates, Santa Cruz, CA.

Marx, Eva; Wooley, Susan Frelick with Northrop, Daphne. *Health is Academic*: *A Guide to Coordinated School Health Programs,* 1998. Teachers College Press, New York, NY.

Missouri Department of Elementary and Secondary Education. *Missouri School Improvement Program: Standards and Indicators Manual,* 2001. Jefferson City, MO.

Secretary of State website, www.sos.mo.gov/archives/localrecs/schedules/school.asp.

Wold, Susan J. *School Nursing: A Framework for Practice,* 1981. The C.V. Mosby Co., North Branch, MN.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

DIVISION OF COMMUNITY AND PUBLIC HEALTH
Section for Healthy Families and Youth
Bureau of Genetics and Healthy Childhood

P.O. Box 570
Jefferson City, MO 65102-0570
(573) 751-6213